

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009324

FILED
Aug 24, 2005
Secretary of State

Entity Name: THE RAM'S HORN PROPHETIC WORSHIP & WARFARE MINISTRIES INC.

Current Principal Place of Business:

P.O.BOX 682136
ORLANDO, FL 32868 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 682136
ORLANDO, FL 32868 US

New Mailing Address:

FEI Number: 76-0745187 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, MAUDE J
6301 LAKE WESTON POINT LANE
921
ORLANDO, FL 32810 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROBINSON, CHUCK
Address: 6301 LAKE WESTON POINT LANE#921
City-St-Zip: ORLANDO, FL 32810 US

Title: P () Delete
Name: ROBINSON, MAUDE J
Address: 6301 LAKE WESTON POINT LANE#921
City-St-Zip: ORLANDO, FL 32810 US

Title: SEC. () Delete
Name: TITRE, PHYLLIS O
Address: 4457 LA VISTA DRIVE
City-St-Zip: ORLANDO, FL 32808 US

Title: TREA () Delete
Name: ROBINSON, CHUCK
Address: 6301 LAKE WESTON POINT LANE #921
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUDE J. ROBINSON

VP

08/24/2005

Electronic Signature of Signing Officer or Director

Date