2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009672

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Nan	ne: W.O.R.S.H	H.I.P. MINISTRIES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1216 S 24T HOLLYWC	TH TERR. OOD, FL 33020				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
320 S FLAI 108	MINGO RD.				
	OD, FL 33027				
FEI Number:	03-0530321	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	f New Registered Agent:	
JONES, TA 1216 S 24T HOLLYWO		US			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () JONES, TAMMY 1216 WS 24TH HOLLYWOOD, F	TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EV () JONES, BEN 1216 S 24TH TE HOLLYWOOD, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ROLLE, CONNIE 1216 S 24TH TE HOLLYWOOD, F	RR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LOCKETTS, OR 1216 S 24TH TE HOLLYWOOD, F	RR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TAMMY SMITH JONES CEO 04/29/2005

() Delete

LOCKETT, KIAM

1216 S 24TH TERR.

HOLLYWOOD, FL 33020

() Change () Addition