## FILED Sep 30, 2004 8:00 am Secretary of State

2004 NOT-FOR-PROFIT CORPORA ANNUAL REPORT (AR)	TION
	T

ANNUAL REPORT (AR)					8/26		ary or k		
DOCUMENT # N03000010504  1. Entity Name						08-26-200	4 90005 017 ***	**61.25	
JOHN RC	DBINSON III MINISTRIES INC								
Principal Plac	ce of Business	Mailing Address			1	38434	994		
897 SW CARMELITE STREET 897 SW CARMELITE STREET PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983					30404	321			
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		!	MOORE	CR2E037 (4/04)		
City & State Port 6t Lucie, FL 34983 Port & Lucie,				4. FEI Number 30-02	74366		pplied For ot Applicable		
34483		Zip 34983		intry 8#	5. Certificate of		- \$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current I	legistered Agent		Name	7. Name and Ac	idress of New Re	egistered Agent		
ROBINSON, JOHN III 897 SW CARMELITE STREET			Street Address (P.O. Box Number is Not Acceptable)						
POF	RT ST. LUCIE FL 34983								
				City			FL Zip Coo	ie	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE								}	
- CIGIOTIC	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Pegistere	d Agent signature required	d when reinstaling)		DATE		
FILE NOW: FEE: IS \$61.25  9. Election Campaign Financing Due By September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State									
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHAN	GES TO OFFICE	S AND DIRECTORS I	V 10	
TITLE	PO TINCON TOWN III	☐ Delete	TITLE	1	<u> </u>		☐ Change	☐ Addition	
NAME STREET ADDRESS	ROBINSON, JOHN III 897 SW CARMELITE STREET		HAM STRE	E et address					
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY	- \$T-ZIP					
TITLE	VD ROBINSON, TAMMY LYNN	Delete	TITL	ľ			☐ Change	☐ Addition	
NAME STREET ADDRESS	897 SW CARMELITE STREET		NAM STRE	ET ADDRESS				[	
CITY-ST-ZIP -	PORT-ST. LUCIE FL 34983		CITY	-ST-ZIP					
TITLE NAME	D EVANS, SHARON	☐ Delete	TITLE	E			Change	Addition	
"STREET ADDRESS" CITY-ST-ZIP	SOOD TROPIC BLVD. FORT PIERCE FL 34950			-ST-ZIP		<del></del>	· · · · · · · · · · · · · · · · · · ·		
TITLE	D	☐ Delete	mu		<del></del>	<del></del>	Change	Addition	
NAME	HILL, BONNIE 2219 SW MORNINGSIDE BLVD.	•	NAM						
STREET ADDRESS CITY-\$T-ZIP	PORT ST. LUCIE FL 34952			ET ADDRESS - S7-ZIP	•			ļ	
TITLE	D CODERTS OF SALE AND SHIP	☐ Delete	TITL		<del></del>		☐ Change	Addition	
NAME	ROBERTS, CLEVELAND E III 1350 NW 182 STREET		NAM	E et address			,	1	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33169			-ST-ZIP				[	
TITLE	TD POPINICON AMAZINE	☐ Delete	mu			<del></del>	Change	Addition	
NAME STREET ADORESS	ROBINSON, MAXINE 300 ESSEX DRIVE		NAM STRE	E Et address					
CITY-ST-ZIP	FORT PIERCE FL 34950		3	-ST-ZIP	·				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 justee employeered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all alther like empowered.									
a/au/2 - 777-785-9407									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR Date Departs Phone 8									



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 30, 2004

897 SW CARMELITE STREET PORT ST. LUCIE, FL 34983

Subject: JOHN ROBINSON III MINISTRIES INC.

Reference Number:

N03000010504

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a x I is copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in -Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION. PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be WWW. IPS. GOV EFT. N SSY 1800-829-4933 answered in the order it is received.

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ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314