

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010710

FILED
Sep 06, 2005
Secretary of State

Entity Name: SPIRITUAL AWAKENING MINISTRIES, INC.

Current Principal Place of Business:

901 OAK DR
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

901 OAK DR
LEESBURG, FL 34748

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

TRAVIS, TIMOTHY LEE
901 OAK DR
LEESBURG, FL 34748 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: PD () Delete
Name: TRAVIS, TIMOTHY L
Address: 901 OAK DR
City-St-Zip: LEESBURG, FL 34748

Title: VPTD () Delete
Name: TRAVIS, BRENDA L
Address: 901 OAK DR
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: ADAMS, PATRIC V
Address: 307 CLEVELAND ST
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: TRAVIS, TIMOTHY L II
Address: 901 OAK DRIVE
City-St-Zip: LEESBURG, FL 34748

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: TIMOTHY LEE TRAVIS

PD

09/06/2005

Electronic Signature of Signing Officer or Director

Date