2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000000185

Entity Name: ON THE PATH MINISTRIES, INCORPORATED

Current Principal Place of Business:

8515 IRIS AVE
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

8515 IRIS AVE
LARGO, FL 33777

New Mailing Address:

FEI Number: 02-0675330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD-ALEXIS, LINDA
8515 IRIS AVE
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: MCLEOD-ALEXIS, LINDA
Address: 8515 IRIS AVE
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete
Name: MAINLAND, LINDSAY
Address: 5775 PARK ST N #306
City-St-Zip: ST PETE, FL

Title: S ( ) Delete
Name: HASBROUCK, CAROL
Address: 4344 13TH WAY NE
City-St-Zip: ST PETE, FL 33703

Title: T ( ) Delete
Name: JONES, K.C.
Address: 8277 39TH AVE N
City-St-Zip: ST PETE, FL 33709

Title: D ( ) Delete
Name: MATTHEWS, JONATHAN
Address: 1031 16TH ST N
City-St-Zip: ST PETE, FL

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:

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: LINDA MCLEOD-ALEXIS COF 04/29/2005

Electronic Signature of Signing Officer or Director — Date