

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90053 021 \*\*\*\*61.25

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<b>DOCUMENT # N04000000786</b> 1. Entity Name <b>R A MINISTRIES, INC.</b>					
Principal Place of Business <b>222 RUTHERFORD AVENUE PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>222 RUTHERFORD AVENUE PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business <b>20222 RUTHERFORD AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>20222 RUTHERFORD AVE</b> Suite, Apt. #, etc.		01262005 Chg-NP CR2E037 (10/03)	
City & State <b>PORT CHARLOTTE, FL</b> Zip Country <b>33952 US</b>		City & State <b>PORT CHARLOTTE, FL</b> Zip Country <b>33952 US</b>		4. FEI Number <b>20-1143255</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>AMES, CPA, CFP, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SPIRES, REBECCA</b> <input type="checkbox"/> Delete <b>222 RUTHERFORD AVENUE</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Rebecca Spires</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20222 RUTHERFORD AVE</b> <b>PORT CHARLOTTE, FL 33952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input type="checkbox"/> Delete <b>GUINN, CAROLYN S</b> <b>23045 PEYTON PLACE</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>GUINN, GEORGE K</b> <b>23045 PEYTON PLACE</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 trustee empowered 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 other like empowered.</b>					
<b>SIGNATURE:</b> <i>Rebecca A Spires</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-30-05 941-815-0694</b> <small>Date Daytime Phone #</small>		