

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2005
Secretary of State**

DOCUMENT# N04000001440

Entity Name: BW CITY MINISTRIES, INC.

Current Principal Place of Business:

1301 HIGH ST.
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

1301 HIGH ST.
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 20-0473620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, TONY
1301 HIGH ST.
WILDWOOD, FL 34785 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: P () Delete
Name: JONES, TONY
Address: 10175 CR 229
City-St-Zip: OXFORD, FL 34484

Title: V () Delete
Name: JONES, KIM
Address: 10175 CR 229
City-St-Zip: OXFORD, FL 34484

Title: V () Delete
Name: TARVER, MARGARET
Address: 331 NW 87TH RD.
City-St-Zip: WILDWOOD, FL 34785

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:

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: TONY JONES

Electronic Signature of Signing Officer or Director

PRES

02/17/2005

Date