


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90496 036 \*\*\*\*61.25

<b>DOCUMENT # N04000002479</b>	
1. Entity Name <b>E-FRESH MINISTRIES, INC.</b>	

Principal Place of Business <b>3536 UNIVERSITY BOULEVARD NORTH, #111 JACKSONVILLE, FL 32277</b>	Mailing Address <b>3536 UNIVERSITY BOULEVARD NORTH, #111 JACKSONVILLE, FL 32277</b>
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**20053715**



04172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>20-1573231</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THOMAS, JOSEPH M 570 BROOKVIEW DRIVE NORTH JACKSONVILLE, FL 32225</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JOSEPH M</b>	NAME	
STREET ADDRESS	<b>570 BROOKVIEW DRIVE NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, CONNIE T</b>	NAME	
STREET ADDRESS	<b>570 BROOKVIEW DRIVE NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATCHETT, STEPHEN W</b>	NAME	<b>3926 High Pine Rd.</b>
STREET ADDRESS	<b>910 LARKSPUR LANE</b>	STREET ADDRESS	<b>Jacksonville, FL 32225</b>
CITY-ST-ZIP	<b>SAINT MARYS, GA 31558</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATCHETT, SALLY J</b>	NAME	<b>3926 High Pine Rd.</b>
STREET ADDRESS	<b>910 LARKSPUR LANE</b>	STREET ADDRESS	<b>Jacksonville, FL 32225</b>
CITY-ST-ZIP	<b>SAINT MARYS, GA 31558</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 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.

**SIGNATURE:** *Stephen W Matchett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-05*  
Date

*904-349-3909*  
Daytime Phone #