

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90055 029 ****61.25

DOCUMENT # N04000002570

1. Entity Name
JIM RITCH EVANGELISTIC ASSOCIATION INC.



Principal Place of Business
 4755 FRENCH STREET
 JACKSONVILLE, FL 32205

Mailing Address
 4755 FRENCH STREET
 JACKSONVILLE, FL 32205

40020372



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1222836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCH, JAMES E
 4755 FRENCH STREET
 JACKSONVILLE, FL 32205

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 P
 NAME RITCH, JAMES E Delete
 STREET ADDRESS 4755 FRENCH STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME RITCH, MICHAEL R
 STREET ADDRESS 7922 GUERAD DR. N.
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE Change Addition
 NAME Ritch, Michael R.
 STREET ADDRESS 9464 HARRIER CT
 CITY-ST-ZIP Jacksonville, FL 32221

TITLE D Delete
 NAME COX, DEWITT
 STREET ADDRESS 1646 SPRINGBRANCH DR. W
 CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE Change Addition
 NAME Ritch, Terry W
 STREET ADDRESS 4755 FRENCH STREET
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 persons empowered.

SIGNATURE: *James E Ritch* James E Ritch

2-16-05

(914)387-1365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #