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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT		Feb 15, 2005 8:00 am Secretary of State
CUMENT # N0400003678		02 15 2005 90021 024 ****70 00

02-15-2005 90021 024 70.00 1. Entity Name ACTS OF FAITH MINISTRIES INC. Principal Place of Business Mailing Address 8710 SW 170TH ST. 8710 SW 170TH ST. 50015421 ARCHER, FL 32618 ARCHER, FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 30-*0*2460**57** Not Applicable Zip Country Country Žio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, NATHANIEL Street Address (P.O. Box Number is Not Acceptable) 8710 SW 170TH ST. ARCHER, FL 32618 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition Change JONES, NATHANIEL 🦏 NAME NAME STREET ADDRESS 25408 SW 17TH ST. STREET ADDRESS City-St-ZIP NEWBERRY FL 32669 CITY-ST-ZIP TITLE ☐ Change Delete IIILE ☐ Addition NAME MELLS, GEORGE L MALIF STREET ADDRESS 16422 SW 103RD AVE. STREET ADDRESS ARCHER, FL 32618 CITY-ST-71P CITY-ST-ZIP TITLE Delete me Change ☐ Addition NAME MELLS, GLORIA NAME STREET ADDRESS P. O . BOX 773 STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MELLS, CAROLYN NAME STREET ADDRESS 16422 SW 103RD AVE. STREET ADDRESS CITY-ST-ZIP ARCHER, FL 32618 CITY-ST-ZIP TITLE MLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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: Nathann

TED NAME OF SIGNING OFFICER OR DIRECTOR