2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005379

Entity Name: CHERISHED MINISTRIES, INC.

Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 31974

PALM BEACH GARDENS, FL 334201974

Current Mailing Address: New Mailing Address:

P.O. BOX 31974

PALM BEACH GARDENS, FL 334201974

FEI Number: 20-1362228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUST HOUSE CPAS, P.A ROBERTS, SARAH 4901 N. FEDERAL HWY., STE. 300 62 STONEY DRIVE

FT. LAUDERDALE, FL 33308 PALM BEACH GARDENS, FL 33410 US

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: SARAH ROBERTS 04/21/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ROBERTS, SARAH ROBERTS, SARAH Name: Name: Address: 2703 CROWN COLONY DR. Address: 62 STONEY DRIVE

City-St-Zip: FRISCO, TX 75034 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: Title: (X) Change () Addition () Delete

Name: KASS, JOYCE Name: KASS, JOYCE Address: 2703 CROWN COLONY DR. Address: **62 STONEY DRIVE**

City-St-Zip: FRISCO, TX 75034 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete Title: (X) Change () Addition NEUMAN, LORINA Name: NEUMAN, LORINA Name:

C/O SARAH ROBERTS, 2703 CROWN COLONY DR. C/O SARAH ROBERTS, 62 STONEY DRIVE Address: Address:

City-St-Zip: FRISCO, TX 75034 City-St-Zip: PALM BEACH GARDENS, FL 33410

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: SARAH ROBERTS Ρ 04/21/2005