



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000005531</b> 1. Entity Name <b>WILLIE R. DAVIS MINISTRIES, INC.</b>						FILED 05 JUL 29 AM 8:19 TALLAHASSEE, FLORIDA 	
Principal Place of Business 1304 NORTH ST. DAYTONA BCH, FL 32114-2334				Mailing Address 1304 NORTH ST. DAYTONA BCH, FL 32114-2334			
2. Principal Place of Business		3. Mailing Address		07292005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>Applied for</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		Zip		Country	
City & State		City & State		Zip		Country	
6. Name and Address of Current Registered Agent  <b>DAVIS, WILLIE R</b> <b>1300 NORTH ST.</b> <b>DAYTONA BCH, FL 32114-2334</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, WILLIE R			NAME			
STREET ADDRESS	1300 NORTH ST.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH, FL 321142334			CITY-ST-ZIP			
TITLE	VD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, RILEY A			NAME			
STREET ADDRESS	1300 NORTH ST.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH, FL 321142334			CITY-ST-ZIP			
TITLE	DS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDANIEL, DONNA			NAME			
STREET ADDRESS	9501 DASHIA PL.			STREET ADDRESS			
CITY-ST-ZIP	FT. WASHINGTON, MD			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			
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)(f), 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.							
<b>SIGNATURE:</b> <i>Willie R. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/29/05 <small>Date</small>			
				396 239-0758 <small>Daytime Phone #</small>			

M. Williams JUL 29 2005