

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005981

FILED
Apr 28, 2005
Secretary of State

Entity Name: LEGACY MINISTRY INTERNATIONAL, INC.

Current Principal Place of Business:

2590 S GLENEAGLES DR
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

2590 S GLENEAGLES DR
DELAND, FL 32724

New Mailing Address:

FEI Number: 20-1821128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDAL, ALBERT J
1521 SE 36TH AVE - STE 2
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VIDAL, LAURIS G
Address: 2590 S GLENEAGLES DR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: DE SOUZA, STEVE
Address: 5901 ORR RD
City-St-Zip: CHARLOTTE, NC 28027

Title: D () Delete
Name: DWYER, MIKE
Address: 2500 W LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: SELBY, DWIGHT
Address: 200 E GRANADA BLVD - STE 200
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BUCKLEY, KENT
Address: 1226 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: _____

LAURIS G. VIDAL

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date