2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006172

FILED Mar 30, 2005 Secretary of State

Entity Name: FISHER FOR CHRIST INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: ONE SISSEROU PLACE, 1506 E. BEARSS AVE. LUTZ, FL 33549 US **Current Mailing Address: New Mailing Address:** ONE SISSEROU PLACE, 1506 E. BEARSS AVE. LUTZ, FL 33549 US FEI Number: 20-1523626 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: JEAN-FRANCOIS, EMMANUEL 8516 N. TALIAFERRO AVE. TAMPA,FL, FL 33604 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PIERRE, MIREILLE L. Name: Name: 3701 CARROLLWOOD PLACE CIRCLE SUITE 104 Address: Address: City-St-Zip: TAMPA, FL 33624 US City-St-Zip: Title: () Delete Title: () Change () Addition JEAN-FRANCOIS, EMMANUEL Name: Name: Address: 8516 N. TALIAFERRO AVE. Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: Title: S/TR () Delete Title: () Change () Addition FOUCAULT, PIERRETTE Name: Name: 8516 N. TALIAFERRO AVE. Address: Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: Title: OFF. () Delete Title: () Change () Addition Name: PIERRE, JOSEPH PREDEL Name: Address: 1018 INDIAN TERRACE, APT. 205 Address: City-St-Zip: RIVIERA BEACH, FL 33407 US 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: MIREILLE LUCCEUS D 03/30/2005