2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2005
Secretary of State

DOCUMENT# N04000006353

Entity Name: GOSPEL GRASS MINISTRIES, INC.

Current Principal Place of Business:

12040 HWY. 77
PANAMA CITY, FL 32409 US

New Principal Place of Business:

Current Mailing Address:

12040 HWY. 77
PANAMA CITY, FL 32409 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCORMICK, MARY H
7120 CAMP FLOWERS ROAD
YOUNGSTOWN, FL 32466 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: P ( ) Delete
Name: WILLIAMS, JAMES L
Address: 12040 HWY. 77
City-St-Zip: PANAMA CITY, FL 32409 US

Title: VP ( ) Delete
Name: MCCORMICK, TOMMY A
Address: 7120 CAMP FLOWERS ROAD
City-St-Zip: YOUNGSTOWN, FL 32466 US

Title: SEC ( ) Delete
Name: KAWKETKOSKI, VALERIE
Address: 12038 HWY. 77
City-St-Zip: PANAMA CITY, FL 32409 FL

Title: TREA ( ) Delete
Name: WILLIAMS, PHYLLIS
Address: 12040 HWY. 77
City-St-Zip: PANAMA CITY, FL 32409 US

Title: RA ( ) Delete
Name: MCCORMICK, MARY H
Address: 7120 CAMP FLOWERS ROAD
City-St-Zip: YOUNGSTOWN, FL 32466 US

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: JAMES L. WILLIAMS P 05/29/2005
Electronic Signature of Signing Officer or Director — Date