2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000006963

Entity Name: MOMENT OF TRUTH OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

7921 CENTURY BLVD
CENTURY, FL 32535

New Principal Place of Business:

7921 N. CENTURY BLVD
CENTURY, FL 32535

Current Mailing Address:

7921 CENTURY BLVD
CENTURY, FL 32535

New Mailing Address:

7921 N. CENTURY BLVD
CENTURY, FL 32535

FEI Number: 54-2157958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATKINS, BOBBY S SR.
2159 CLIFFBROOK AVE
PENSACOLA, FL 32526 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: PD ( ) Delete
Name: WATKINS, BOBBY S
Address: 2159 CLIFFBROOK AVE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: WATKINS, JANIS D
Address: 2159 CLIFFBROOK AVE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: PETTUSS, MAURICE
Address: 4435 MARLANE DR APT 107
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WATKINS, BOBBY S PASTOR
Address: 2159 CLIFFBROOK AVE
City-St-Zip: PENSACOLA, FL 32526

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

Title: D (X) Change ( ) Addition
Name: PETTUS, MAURICE
Address: 4435 MARLANE DR APT 107
City-St-Zip: PENSACOLA, FL 32526

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: BOBBY S. WATKINS, SR. PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date