

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 028 ****70.00

DOCUMENT # N04000008650

1. Entity Name
SEED OF ABRAHAM MINISTRIES, INC.



Principal Place of Business
2105 ROCKLEDGE DR.
ROCKLEDGE, FL 32955

Mailing Address
2105 ROCKLEDGE DR.
ROCKLEDGE, FL 32955

50001605



2. Principal Place of Business

890 N. BANANA RIVER DR.

3. Mailing Address

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

MERRITT ISLAND, FL

City & State

4. FEI Number

55-0882094

Applied For
Not Applicable

Zip
32952

Country
USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADFORD, THOMAS
2105 ROCKLEDGE DR.
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

1/7/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRADFORD, THOMAS**
STREET ADDRESS **2105 ROCKLEDGE DR.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **D** ☐ Delete
NAME **HAROLD, JEROME D**
STREET ADDRESS **2105 ROCKLEDGE DR.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **D** ☐ Delete
NAME **GAMBLE, DONNA**
STREET ADDRESS **2105 ROCKLEDGE DR.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(i), 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.

SIGNATURE:

[Signature] **THOMAS BRADFORD**

Date

1/7/05 321631-5878

Daytime Phone #