

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009293

FILED  
Aug 09, 2005  
Secretary of State

**Entity Name:** MAKING A DIFFERENCE MINISTRIES, INC.

**Current Principal Place of Business:**

5112 LABRADOR LANE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

5112 LABRADOR LANE  
ORLANDO, FL 32818

**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:**

**Name and Address of New Registered Agent:**

SMITH, OCTAVIUS  
5112 LABRADOR LANE  
ORLANDO, FL 32818 US

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: D ( ) Delete  
Name: SMITH, OCTAVIUS L  
Address: 5112 LABRADOR LANE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: THOMPSON, MARGARET  
Address: 4300 COLONY WAY  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: GODFREY, MONICA  
Address: 43 PINE FOREST PLACE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: SLAUGHTER, GLORIA  
Address: 4109 ROSE PETAL LANE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: GODFREY, MONICA  
Address: 43 PINE FOREST PLACE  
City-St-Zip: APOPKA, FL 32712

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: OCTAVIUS L. SMITH

D

08/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date