

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

05-02-2005 90389 035 ****61.25

DOCUMENT # N04000009298					
1. Entity Name M.G. WESLEY EVANGELISTIC MINISTRIES, INC.					
Principal Place of Business 725 PRESERVE TERR HEATHROW FL 32746			Mailing Address 725 PRESERVE TERR HEATHROW FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>20-1761041</u>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESLEY, MG. 725 PRESERVE TERR HEATHROW FL 32746			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WESLEY, M.G. <input type="checkbox"/> Delete 725 PRESERVE TERR HEATHROW FL 32746		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Delete WESLEY, ANN M 725 PRESERVE TERR HEATHROW FL 32746		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WESLEY, AMY M. 725 PRESERVE TERR HEATHROW, FL 32746	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input checked="" type="checkbox"/> Delete WESLEY, SHERIN 725 PRESERVE TERR HEATHROW FL 32746		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WESLEY, BEVIN G. 725 PRESERVE TERR HEATHROW, FL 32746	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V <input type="checkbox"/> Delete WESLEY, ROBBY G 4563 N OCONNOR RD #1295 IRVING TX 75062		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete WESLEY, SHERIN 4563 N OCONNOR RD #1295 IRVING TX 75062		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>M.G. Wesley</i></u>			PRESIDENT		4/25/05 (407) 833-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #