2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005
Secretary of State

DOCUMENT# N04000010118

Entity Name: C E ANDERSON MINISTRIES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
3914 LAKE NED CIR. WINTER HAVEN, FL 33880	400 TERRANOVA ST WINTER HAVEN, FL 33884

Current Mailing Address:	**New Mailing Address:**
3914 LAKE NED CIR. WINTER HAVEN, FL 33880	P.O. BOX 3807 WINTER HAVEN, FL 33885

FEI Number: 16-1717676 **FEI Number Applied For ( )** **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:**
ANDERSON, CHARLES E 3914 LAKE NED CIR. WINTER HAVEN, FL 33880 US	ANDERSON, CHARLES E 400 TERRANOVA ST. WINTER HAVEN, FL 33884 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: 08/22/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete
Name:	ANDERSON, CHARLES E
Address:	3914 LAKE NED CIR.
City-St-Zip:	WINTER HAVEN, FL 33880
Title:	SD ( ) Delete
Name:	ANDERSON, CHARLES E II
Address:	3914 LAKE NED CIR.
City-St-Zip:	WINTER HAVEN, FL 33880
Title:	VD ( ) Delete
Name:	ANDERSON, JUDITH F
Address:	3914 LAKE NED CIR.
City-St-Zip:	WINTER HAVEN, FL 33880
Title:	TD ( ) Delete
Name:	BROWN, LULA W
Address:	P. O. BOX 104
City-St-Zip:	AUBURNDALE, FL 33823
Title:	T ( ) Delete
Name:	VINSON, TONY
Address:	P. O. BOX 104
City-St-Zip:	AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD (X) Change ( ) Addition
Name:	ANDERSON, CHARLES E
Address:	400 TERRANOVA ST.
City-St-Zip:	WINTER HAVEN, FL 33884
Title:	SD (X) Change ( ) Addition
Name:	ANDERSON, CHARLES E II
Address:	400 TERRANOVA ST.
City-St-Zip:	WINTER HAVEN, FL 33884
Title:	VD (X) Change ( ) Addition
Name:	ANDERSON, JUDITH F
Address:	400 TERRANOVA ST.
City-St-Zip:	WINTER HAVEN, FL 33884
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: CHARLES E. ANDERSON PD 08/22/2005

Electronic Signature of Signing Officer or Director Date