

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010600

FILED
Apr 15, 2005
Secretary of State

Entity Name: A TOUCH OF HEAVEN MINISTRY, CORPORATION

Current Principal Place of Business:

6956 HAMMOCK LAKES DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

320 WICKHAM LAKES DRIVE
MELBOURNE, FL 32940

Current Mailing Address:

6956 HAMMOCK LAKES DRIVE
MELBOURNE, FL 32940

New Mailing Address:

320 WICKHAM LAKES DRIVE
MELBOURNE, FL 32940

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, KENNETH E
6956 HAMMOCK LAKES DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

FORD, KENNETH E
962 PINELAND DRIVE
ROCKLEDGE, FL 32955 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:

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORD, KENNETH E
Address: 6956 HAMMOCK LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: NEAL, JOHN L
Address: 320 WICKHAM LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: ST () Delete
Name: NEAL, VICKIE L
Address: 320 WICKHAM LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: PEARCE, BRUCE
Address: 1931 BROOKSHIRE CIRCLE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: RITCHIE, CADE
Address: 841 RAINTREE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: NEAL, JOHN L
Address: 320 WICKHAM LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORD, KENNETH E
Address: 962 PINELAND DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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: VICKIE L. NEAL

ST

04/15/2005

Electronic Signature of Signing Officer or Director

Date