
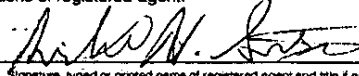



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90285 048 ****61.25

DOCUMENT # N04000011255 1. Entity Name RICK STRAIGHT MINISTRIES, INC.					
Principal Place of Business P.O. BOX 182167 CASSELBERRY, FL 32718			Mailing Address P.O. BOX 182167 CASSELBERRY, FL 32718		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRAIGHT, RICHARD H 648 STANHOPE DRIVE CASSELBERRY, FL 32707			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 		DATE 4/22/05 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
Filing 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	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAIGHT, RICHARD H		NAME		
STREET ADDRESS	P.O. BOX 182167		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32718		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, REBECCA		NAME		
STREET ADDRESS	648 STANHOPE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARLATT, CRAIG S		NAME		
STREET ADDRESS	P.O. BOX 136326		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34713-632		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE 4/22/05 (407) 260-1107		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		