## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000273

Name:

Address:

City-St-Zip:

41547 PARADISE ROAD

DELAND, FL 32720

FILED Apr 19, 2005 Secretary of State

Entity Name: EXTREME FAITH MINISTRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 244 N. LEAVITT AVENUE ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** 244 N. LEAVITT AVENUE ORANGE CITY, FL 32763 FEI Number: 20-1832522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, RICKY 244 N. LEAVITT AVENUE US ORANGE CITY, FL 32763 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOWE, RICKY Name: Name: Address: 244 N. LEAVITT AVENUE Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition Name: LOWE, TERRY Name: Address: 244 N. LEAVITT AVENUE Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: () Change () Addition YANES, MAJORIE

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICKY LOWE PD 04/19/2005