


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06091</b> 1. Entity Name HIGHWAY EVANGELISTIC MINISTRIES OF THE BIBLE BAPTIST CHURCH, INC.	
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Principal Place of Business 872 GLENWOOD RD DELAND, FL 32720 US	Mailing Address 872 GLENWOOD RD DELAND, FL 32720 US
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**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2478906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KNOX, JAMES W. 199 DAMASCUS ROAD DELAND, FL 32724	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000058511 02/20/04-80040-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNOX, JAMES W. 199 DAMASCUS ROAD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPADE, JOHN 220 COLUMBUS CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROWDON, WADE L. 230 CROOKED TREE TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCAULIFFE, RAYMOND J. 128 DEER LAKE CIR ORMAND, FL 32074
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLINS, TERRY 5581 LIBING WATERS ST DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** John W. Spade **2-16-04** **386-736-9274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #