

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2004  
Secretary of State**

DOCUMENT# N13031

Entity Name: DAVID E. STEWART, JR. EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

% JANE C. SOLBERG  
3005 CROSS FOX DRIVE  
MULBERRY, FL 33860

**New Principal Place of Business:**

**Current Mailing Address:**

% JANE C. SOLBERG  
3005 CROSS FOX DRIVE  
MULBERRY, FL 33860

**New Mailing Address:**

FEI Number: 59-2686001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SOLBERG, JANE C.  
3005 CROSS FOX DRIVE  
MULBERRY, FL 33860

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: STEWART JR, DAVID E  
Address: 749 WAKELON RD  
City-St-Zip: WINDSOR, NC

Title: VD ( ) Delete  
Name: STEWART, DAVID E SR  
Address: 749 WAKELON ROAD  
City-St-Zip: WINDSOR, NC

Title: VD ( ) Delete  
Name: BREDBENNER, HAL,  
Address: 8513 SOUTHBRIAR DR.  
City-St-Zip: RALEIGH, NC

Title: SD ( ) Delete  
Name: SOLBERG, JANE C.,  
Address: 3005 CROSS FOX DR.  
City-St-Zip: MULBERRY, FL

Title: TD ( ) Delete  
Name: HARRELL, HOWARD,  
Address: 5699 MT HERMON CHURCH RD  
City-St-Zip: SALISBURY, MD 21804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JANE C, SOLBERG

SD

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date