


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13031**

1. Entity Name  
**DAVID E. STEWART, JR. EVANGELISTIC MINISTRIES, INC.**



Principal Place of Business <b>% JANE C. SOLBERG          3005 CROSS FOX DRIVE          MULBERRY, FL 33860</b>	Mailing Address <b>% JANE C. SOLBERG          3005 CROSS FOX DRIVE          MULBERRY, FL 33860</b>
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04202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2686001</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART JR, DAVID E 749 WAKELON RD WINDSOR, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, DAVID E SR 749 WAKELON ROAD WINDSOR, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREDBENNER, HAL 8513 SOUTHBRIAR DR. RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLBERG, JANE C. 3005 CROSS FOX DR. MULBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRELL, HOWARD 5699 MT HERMON CHURCH RD SALISBURY, MD 21804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/25/05-80156-028 70.00

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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:** Jane C. Solberg Jane C. Solberg April 21, 2005 863-667-5013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #