2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# N15248

Entity Name: WHOLE MAN MINISTRIES, INC.

Current Principal Place of Business:

14601 SW 248 STREET
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 650546
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 59-2703414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARROYO, NANCY M
9737 NW 41ST STREET #145
MIAMI, FL 33178 US

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:	DP	( ) Delete
Name:	BOODHOO, KEN I.,	
Address:	23700 SW 153 AVE	
City-St-Zip:	HOMESTEAD, FL 33032	
Title:	D	( ) Delete
Name:	ANDERSON, R. RAY,	
Address:	103 W HACKNEY RD	
City-St-Zip:	GREER, SC 29650	
Title:	RD	( ) Delete
Name:	STRONG, PHILLIP	
Address:	14601 SW 248 STREET	
City-St-Zip:	HOMESTEAD, FL 33032	
Title:	D	( ) Delete
Name:	DUNN, GWEN,	
Address:	4339 SW 95TH AVENUE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	BRAAKSMA, MARY,	
Address:	11905 SW 107TH AVENUE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	RIPLEY, CAROLINE	
Address:	838 BRAE CT NE	
City-St-Zip:	PALM BAY, FL	

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:	
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: BOODHOO,KEN I DP 01/23/2004

Electronic Signature of Signing Officer or Director — Date