2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90019 033 ****61.25

DOCUMENT # N18266

1. Entity Name
MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Principal Place of Business	Mailing Address
706 N 7TH STREET FT. PIERCE, FL 34950 US	P.O. BOX 3612 FORT PIERCE, FL 34948 US

03052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0017366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JUNKER, CARL REV.
706 N 7TH STREET
FT. PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name Sharon Britcher
Street Address (P.O. Box Number is Not Acceptable)
706 N 7th Street
City Ft. Pierce FL Zip Code 34950

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 Sharon Britcher Sharon Britcher 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONOVAN, KATHLEEN N 251 BERMUDA BCH. DR. FT PIERCE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jon Shimmer 18501 Kittyhawk Dr. Port St. Lucie, FL 34987 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD JUNKER, CARL REV. 854 TIERRA PT ST LUCIE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor/Administrator Sharon Britcher 1010 Pennsylvania Ave Fort Pierce, FL 34950 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASSENS, STEVE P O BOX 593 FT. PIERCE, FL 34954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steve Wurster 100 South 2nd St. Fort Pierce, FL 34950 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRIPPEN, STAN 16 CASTLE COURT FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diane Wilson 206 South 6th St. Fort Pierce, FL 34950 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLEMAN, BOB 10 VALENCIA AVE FORT PIERCE, FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Maybury 2400 S. Ocean Dr # 3841 Fort Pierce, FL 34949 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LACEY, LINDA 120 ORANGE AVE FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T David Willbur 3703 Tanger Pl Fort Pierce, FL 34982 — ☐ Change ☒ Addition

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: Kathleen N. Donovan 3/17/04 772-343-8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #