2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N19751

Entity Name: TARGET MINISTRIES, INC.

Current Principal Place of Business:

% SHIRLEY J. ALBERTSON
219 MCDUFF AVE. S.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

% SHIRLEY J. ALBERTSON
219 MCDUFF AVE. S.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-2890427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERTSON, SHIRLEY J.
219 S. MCDUFF AVENUE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

ALBERTSON, SHIRLEY J.
219 S. MCDUFF AVENUE
JACKSONVILLE, FL 32254 US

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: _____ 01/10/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: ALBERTSON, SHIRLEY J, .
Address: 219 S. MCDUFF AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete
Name: SIMMONS, LORI LEE
Address: 6460 BERNICE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD ( ) Delete
Name: SPENCE, KEVIN PAUL
Address: 1469 DOLPHIN ST NORTH
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: ALBERTSON, SHIRLEY J, .
Address: 219 S. MCDUFF AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

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: SHIRLEY J. ALBERTSON PTD 01/10/2005
Electronic Signature of Signing Officer or Director — Date