2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # N23180 1. Entity Name 01-28-2005 90027 001 ****61.25 BOB NUTTING MINISTRIES, INC. Principal Place of Business Mailing Address %ROBERT E. NUTTING %ROBERT E. NUTTING DUUU/DUU 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2855260 Not Applicable Żίρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUTTING, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete JOOSTE, MARTIN NAME NAME APT 60, 222 N HIAWASSEE RO. STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE [] Change Addition NUTTING, ROBERT E NAME NAME 5400 BALBOA DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete ☐ Change Addition TITLE LILLY, GENE NAME NAME P.O. BOX 487 STREET ADDRESS STREET ADDRESS CAPE CANAVEITAL FL 32920 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE FLAGG, NORMAN NAME NAME 3317 TENNESSEE TR STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE BART, BIDDLE NAME NAME 2300 JET POINT DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition THIF DAVIS, JOSEPH B NAME NAME 623 MANSFIELD ST. STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby 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:

Relate Use Printer NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Statutes of Fundament of Signing Officer or Director