

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N26003 1. Entity Name STOREHOUSE MINISTRIES, INC.	
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Principal Place of Business % 4409 SE 16TH PLACE UNIT 9 CAPE CORAL, FL 33904	Mailing Address % 4409 SE 16TH PLACE UNIT 9 CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BROOME, JULIAN D. 4409 SE 16TH PLACE UNIT 9 CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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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 re-registering)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOME, JULIAN D. 4409 SE 16TH PLACE UNIT 9 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANKLIN, SANDRA J 4477 ST. CLAIR AVE. WEST NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZELLE, SHIRLEY 5301 CORTEZ COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Julian D. Broome	4-20-4	239-542-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #