

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27377

FILED  
Jan 27, 2005  
Secretary of State

Entity Name: LARRY MCFADDEN MINISTRIES, INC.

**Current Principal Place of Business:**

625 LAKE HARBOR CIRCLE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 568545  
ORLANDO, FL 32856 US

**New Mailing Address:**

FEI Number: 59-2905071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCFADDEN, LARRY  
625 LAKE HARBOR CIRCLE  
ORLANDO, FL 32809 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: P ( ) Delete  
Name: MCFADDEN, LARRY  
Address: 625 LAKE HARBOR CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: DT ( ) Delete  
Name: MCFADDEN, TERESA K.,  
Address: 625 LAKE HARBOR CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: ADAMSON, JERRY  
Address: 726 CENTRAL FL. PKWY.  
City-St-Zip: ORLANDO, FL 32824

Title: DV ( ) Delete  
Name: MCFADDEN, J.N.,  
Address: 1215 LAKEVIEW CIRCLE  
City-St-Zip: GREER, SC

Title: DV ( ) Delete  
Name: ALBERT, BILL  
Address: 4508 HAYLOCK DRIVE  
City-St-Zip: ORLANDO, FL

Title: DC ( ) Delete  
Name: ROBERTS, BOB  
Address: 5168 FAIRWAY OAKS DR.  
City-St-Zip: WINDERMERE, 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: LARRY MCFADDEN

P

01/27/2005

Electronic Signature of Signing Officer or Director

Date