

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28722

FILED
Jun 19, 2005
Secretary of State

Entity Name: STOREHOUSE MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4373 SOUTH ST.
TITUSVILLE, FL 32795

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 223
CHRISTMAS, FL 32709 US

New Mailing Address:

FEI Number: 59-3004750 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGUIRE, THOMAS M
18235 BELVEDERE RD
ORLANDO, FL 32820 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: PD () Delete
Name: MCGUIRE, THOMAS M
Address: 18235 BELVEDERE RD
City-St-Zip: ORLANDO, FL 32820

Title: D () Delete
Name: MCGUIRE, ROSA
Address: 18235 BELVEDERE RD
City-St-Zip: ORLANDO, FL 32820

Title: D () Delete
Name: MORA, MARVIN
Address: 14472 CHINESE ELEM DR.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: JONES, KIRK
Address: 4211 WILLSCARLET DR.
City-St-Zip: TITUSVILLE, FL 32796

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:

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: THOMAS M MCGUIRE

PD

06/19/2005

Electronic Signature of Signing Officer or Director

Date