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

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FILED
Mar 15, 2005 8:00 am
Secretary of State
02-21-2005 90085 008 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N33221

1. Entity Name

HARRY PAUL MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~217 EBB TIDE DR~~ ~~GREEN COVE SPRINGS FL 32043~~ US 4749 SECRET HARBOR DR N JACKSONVILLE FL 32257	~~917 EBB TIDE DR~~ ~~GREEN COVE SPRINGS FL 32043-8727~~ SAME
2. Principal Place of Business: 4749 SECRET HARBOR DR N.	3. Mailing Address: SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State
Zip: 32257 Country: DUVAL	Zip: 32257 Country: DUVAL

4. FEI Number: 59-2956294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~PAUL, JOHN M~~
~~623 W ST~~
~~GREEN COVE SPRINGS FL 32043~~
MRS BARBARA J. PAUL
350 PIEDMONT LANE
CLAYTON GA 30525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 4749 SECRET HARBOR DR N.

City: JACKSONVILLE FLA 32257 FL Zip Code

3/12/05

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: HARRY PAUL HARRY PAUL 2/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT PAUL, HARRY ~~917 EBB TIDE DR~~ ~~GREEN COVE SPRINGS FL 32043~~ (Change) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HARRY PAUL 4749 SECRET HARBOR DR N. JACKSONVILLE FLA 32257 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS ATKINS, ESTHER D 1035 YELLOW WATER RD JACKSONVILLE FL 32234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL, PETER R BLACK CREEK ROAD MOUNTAIN CITY GA 30562 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL, JOHN M 350 PIEDMONT LANE CLAYTON GA 30525 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAUL, BARBARA J ~~917 EBB TIDE DR~~ ~~GREEN COVE SPRINGS FL 32043~~ (Change & Address) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4749 SECRET HARBOR DR N. JACKSONVILLE FL ~~32250~~ 32257 HP BARBARA J. PAUL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: HARRY PAUL HARRY PAUL — President 2/16/05 (904) 288-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #