

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N38934 1. Entity Name LAIRD MINISTRIES, INC.	
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Principal Place of Business % NELDA LAIRD P O BOX 13604 TAMPA, FL 33611	Mailing Address % NELDA LAIRD P O BOX 13604 TAMPA, FL 33611
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01232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3030811	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAIRD, NELDA 3205 W FAIR OAKS AVE TAMPA, FL 33611

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

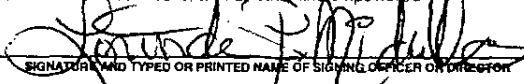
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAIRD, NELDA 3205 W FAIR OAKS AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIDULLA, LORINDA 3707 VILLAGE ESTATES TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEAY, TERIL 10409 KANKAKEE LANE RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHERRILL, VONDA 6401 SOUTH WESTSHORE BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/30/04-80019-004 61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date Daytime Phone #