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.

Principal Place of Business	Mailing Address
% NELDA LAIRD P O BOX 13604 TAMPA, FL 33611	% NELDA LAIRD P O BOX 13604 TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3030811
☐ Applied For
☐ Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

U00000141617
04/30/04-80019-004 61.25

10. OFFICERS AND DIRECTORS

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

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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: Lorinda T Midulla 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #