2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44305

FILED Jun 30, 2004 Secretary of State

Entity Name: PROPHETIC CHRISTIAN MINISTRIES ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ODVILLE RD OOD, OH 436	S191853 US		
Current Mailing Address:			New Mailing Address:	
	DDVILLE RD OOD, OH 436	S191853 US		
El Number	: 34-1699832	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
227 MAAGN				
PANAMA (The above	NOLIA AVE CITY, FL 3240 named entity of Florida.		ourpose of changing its registered	d office or registered agent, or both,
PANAMA (The above	CITY, FL 3240 named entity e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
PANAMA The above n the State	CITY, FL 3240 named entity e of Florida. RE:			d office or registered agent, or both, Date
PANAMA (The above n the State BIGNATUI	CITY, FL 3240 named entity e of Florida. RE:	submits this statement for the particles of Registered Agr	ent	
PANAMA (The above n the State BIGNATUI	e named entity e of Florida. RE: Electron S AND DIREC	submits this statement for the particles of Registered Age TORS:) Delete R ELANE	ent	Date
PANAMA The above In the State SIGNATUI DFFICER: Value: Va	e named entity e of Florida. RE: Electrol S AND DIREC STD (PUGH, ROGEF 216 THEODOR ITASCA, IL 60	submits this statement for the price Signature of Registered Agestores: Delete R RE LANE 143 Delete ORGE WE.	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: ROGER W. PUGH STD 06/30/2004