


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

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N44584 1. Entity Name GRAPELAND HEIGHTS MINISTRIES INC.		
Principal Place of Business 825 WRIGHT ST ENGLEWOOD FL 34223 US		Mailing Address 825 WRIGHT ST ENGLEWOOD FL 34223 US
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country
6. Name and Address of Current Registered Agent LYONS, WILLIAM K 825 WRIGHT ST ENGLEWOOD FL 34224		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0295256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D LYONS, WILLIAM K. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	825 WRIGHT ST	NAME	U00000200254
STREET ADDRESS	ENGLEWOOD FL 34223	STREET ADDRESS	01/28/05-80020-005 61.25
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D ILHARDT, HAROLD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3129 NW 11TH ST.	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D CORMICAN, MARGARET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1850 NW 34TH AVE.	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D GAMBER, MILICENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3070 NW 14TH ST.	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D SYLVESTER, ALAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11630 SW 99 ST	NAME	
STREET ADDRESS	MIAMI FL 33176	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William K Lyons *William K Lyons* 1-24-05 941-692-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #