


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N46550 1. Entity Name MIKE COYLE MINISTRIES, INC.	
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Principal Place of Business 8951 S.E. 120TH PLACE BELLEVUE, FL 34420-5423 US	Mailing Address 8951 S.E. 120TH PLACE BELLEVUE, FL 34420-5423 US
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01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7426353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COYLE, MICHAEL E. 8951 S.E. 120TH PLACE BELLEVUE, FL 34420
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**DO NOT WRITE
IN THIS SPACE**

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: Michael E. Coyle (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYLE, MICHAEL E. 8951 S.E. 120TH PLACE BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYLE, JOANNE K. 8951 S.E. 120TH PLACE BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYLE, TODD M. 2309 SYCAMORE WAY PINE MOUNTAINS CLUB, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/04-80002-004 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)(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 817, 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: Michael E. Coyle Michael E. Coyle President 1/5/04 352-245-1796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #