

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49204

FILED
Apr 28, 2005
Secretary of State

Entity Name: BONNIE COOMBS EVANGELISTIC MINISTRIES, CHURCH INC.

Current Principal Place of Business:

2610 S.W. SANTA BARBARA PLACE
CAPE CORAL, FL 339144459 US

New Principal Place of Business:

Current Mailing Address:

2610 S.W. SANTA BARBARA PLACE
CAPE CORAL, FL 339144459 US

New Mailing Address:

FEI Number: 65-0349807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JAMES
2030 ELOISE CIR
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOMBS, BONNIE
Address: 2610 SW SANTA BARBARA PL
City-St-Zip: CAPE CORAL, FL 33914

Title: TS () Delete
Name: SPENCE, PARK
Address: 1730 NE 6TH ST
City-St-Zip: CAPE CORAL, FL 33909

Title: TR () Delete
Name: WALKER, JAMES
Address: 2030 ELOISE CIR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TR () Delete
Name: MARTIN, WILLIAM
Address: 15890 LAKE POINT COURT
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BONNIE COOMBS

REV.

04/28/2005

Electronic Signature of Signing Officer or Director

Date