

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50387

FILED
Apr 11, 2005
Secretary of State

Entity Name: CAPITAL CITY MINISTRIES, INC.

Current Principal Place of Business:

2435 RESERVATION RD
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

2435 RESERVATION RD
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3203863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGSDON, JACK
2435 RESERVATION RD
GULF BREEZE, FL 32561 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: DP () Delete
Name: STEPHENSON, RANDALL
Address: 1746 FOX TREE LANE
City-St-Zip: SAN ANTONIO, TX

Title: DVP () Delete
Name: KRAMER, PAUL
Address: 64 CRESCENT AVE.
City-St-Zip: MUSKEGON, MI

Title: DST () Delete
Name: WAQUESPACK, ROBERT
Address: BRUNO TRAVEN #90
City-St-Zip: MEXICO, DE

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:

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: ROBERT J. WAGUESPACK

DST

04/11/2005

Electronic Signature of Signing Officer or Director

Date