

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000148

FILED
Jul 14, 2004
Secretary of State**Entity Name:** SEVENTY TIMES SEVEN MINISTRIES, INC.**Current Principal Place of Business:**2011 S. WIGGINS RD
PLANT CITY, FL 33566 US**New Principal Place of Business:****Current Mailing Address:**2011 S. WIGGINS RD
PLANT CITY, FL 33566 US**New Mailing Address:****FEI Number:** 59-3150934 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HAWKINS, CURTIS W
2011 S WIGGINS RD
PLANT CITY, FL 33566 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: PTD () Delete
Name: HAWKINS, CURTIS W
Address: 2011 S.WIGGINS RD.
City-St-Zip: PLANT CITY, FL

Title: VPDT () Delete
Name: WATSON, MICHELLE
Address: 108 VINEWOOD CT.
City-St-Zip: SIMPSONVILLE, SC 29680

Title: T () Delete
Name: HAWKINS, ELIZABETH
Address: 2011 S. WIGGINS RD.
City-St-Zip: PLANT CITY, FL 33566

Title: S () Delete
Name: HAWKINS, ROSE E
Address: 2011 S WIGGINS ROAD
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HAWKINS, CURTIS W
Address: 2011 S.WIGGINS RD.
City-St-Zip: PLANT CITY, FL 33566 US

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: CURTIS W. HAWKINS

PTD

07/14/2004

Electronic Signature of Signing Officer or Director

Date