2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N93000000015

Entity Name: THE SPIRITBORNE MINISTRIES INC.

Current Principal Place of Business:

4416 W. ELM ST.
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4416 W. ELM ST.
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3126650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STATON, JANELL
4416 W ELM ST
TAMPA, FL 33614 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: T ( ) Delete
Name: TUMMOND, LINDA
Address: 5002 W LINEBAUGH
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete
Name: STURGILL, PENNY
Address: RT BOX 244 N/A
City-St-Zip: GATE CITY, VA 24251

Title: D ( ) Delete
Name: SMILING, LUCILLE
Address: 11115 N NEBRASKA AVE #211
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: TUMMOND, TIM
Address: 5002 W. LINEBAUGH
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete
Name: PUNG, CAMBERLA
Address: 8905 HIGH RIDGE CT
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: HUGHES, DAMIEN
Address: 145 HILTON ROAD
City-St-Zip: GATE CITY, VA 24290

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: JANELL STATON PRES 01/25/2005

Electronic Signature of Signing Officer or Director — Date