2005 NOT-FOR-PROFIT CORPORATION

Jan 20, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N93000000878** 01-20-2005 90028 014 ****61.25 1. Entity Name MUSTARD SEED MINISTRIES, INC. Principal Place of Business Mailing Address 2285 STATE ROAD #580 PO BOX 16401 **APT 209 CLEARWATER, FL 33766-6401 CLEARWATER, FL 33763-1129** 2. Principal Place of Business 9. Halling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 22-2244102 Applied For Not Applicable Ζlp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent VANCE, MADELINE M Street Address (P.O. Box Number is Not Acceptable) 2285 SR 580, #209 CLEARWATER, FL 33763-1129 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP IME □ Delete MILE ☐ Change ☐ Addition VANCE, MADELINE M NAME NAME STREET ADDRESS 2285 STATE RD 580, #209 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 337631129 CITY-ST-78P DΤ TITLE Delete TITLE Change Addition NAME CLARK, JOHN W NAME STREET ADDRESS 1410 14TH CIRCLE SOUTHEAST STREET ADDRESS CITY-ST-70 LARGO, FL 33771 CITY-ST-ZIP ā TITLE TITLE □ Delete ☐ Addition NAME -TRACY: NATHAN NAME 172 BELMONT Church Rd STREET ADDRESS 11463 OVAL DRIVE E STREET ADDRESS CITY-ST-7P LARGO, FL 34644 CITY-ST-ZIP DS TIDE Delete TITLE ☐ Addition ROBE, SUSAN SECTY NAME HALEF STREET ADDRESS 1001 STARKEY RD, #672 STREET ADDRESS CITY-ST-ZIP LARGO, FL 337715472 CITY-ST-70P TITLE ☐ Delete IIILE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHTY-ST-78P TILE Detete TITLE Change | ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this fiting does not qualify 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 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 in Block 10 or Block 11 if the empowered. changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1-15-05 727-796-575 Date Daylotta Proma #

FILED

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SIGNATURE:

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR