


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90082 043 \*\*\*\*61.25

<b>DOCUMENT # N93000001143</b> 1. Entity Name <b>DESOTO COUNTY MINISTERIAL ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 1236 ARCADIA, FL 34265 US</b>			Mailing Address <b>P.O. BOX 1236 ARCADIA, FL 34265 US</b>		
2. Principal Place of Business <b>7 West Owens Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>7 West Owens Avenue</b> Suite, Apt. #, etc.			
City & State <b>Arcadia, Fl.</b>		City & State <b>Arcadia, Fl. 34266</b>		4. FEI Number <b>65-0445657</b>	
Zip <b>34266</b>		Country <b>DeSoto</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAND, TED WEAVER 20 NORTH ORANGE AVE ARCADIA, FL 34266</b>				7. Name and Address of New Registered Agent Name <b>Sharon T. Goodman</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 West Owens Avenue</b> City <b>Arcadia</b> <b>FL</b> Zip Code <b>34266</b>	
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 <u><i>Sharon T. Goodman</i></u> <span style="float: right;">1/12/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAND, TED W 20 N ORANGE AVE ARCADIA, FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Sharon T. Goodman 7 West Owens Avenue Arcadia, FL 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD NAUMAN, KENNETH E 922 W HICKORY STREET ARCADIA, FL 34266</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Valerie Gilchrist 207 E. Magnolia St Arcadia, FL 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CRIMMINS, KEVIN 523 CLARK LANE ARCADIA, FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Ted Hanus 722 W. Whidden Arcadia, FL 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Sharon T. Goodman</i></u>			<b>SIGNATURE:</b> <u>Sharon T. Goodman</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <u>1/12/05</u> <small>Daytime Phone #</small> <u>(863)494-3913</u>		

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01062005 Chg-NP CR2E037 (10/03)