

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90020 023 \*\*\*\*61.25

**DOCUMENT # N93000002603**

1. Entity Name  
**JOHN J. WAGNER MINISTRIES, INC.**



Principal Place of Business  
**16895 CRESTVIEW LANE  
WESTON, FL 33326**

Mailing Address  
**16895 CRESTVIEW LANE  
WESTON, FL 33326**

**50000678**



2. Principal Place of Business

**13459 Barberrry Rd**

3. Mailing Address

**13459 Barberrry Rd.**

01042005

Chg-NP

CR2E037 (10/03)

City & State

**Wellington FL**

City & State

**Wellington FL**

4. FEI Number

**22-3114797**

Applied For

☐ Not Applicable

Zip

**33414**

Country

Zip

**33414**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGNER, JOHN J  
16895 CRESTVIEW LANE  
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**13459 Barberrry Rd.**

City

**Wellington**

**FL**

Zip Code

**33414**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/04/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WAGNER, JOHN J  
STREET ADDRESS 16895 CRESTVIEW LANE  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME 13459 Barberrry Rd.  
STREET ADDRESS  
CITY-ST-ZIP Wellington FL 33414 ☒ Change ☐ Addition

TITLE SD  
NAME Ilena WAGNER  
STREET ADDRESS 13459 Barberrry Rd.  
CITY-ST-ZIP Wellington FL 33414 ☐ Change ☒ Addition

TITLE TD  
NAME Daniel HAIGHT  
STREET ADDRESS 7873 GOCANES WAY  
CITY-ST-ZIP Ft. Myers, FL ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/04/05**