

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90695 030 \*\*\*\*61.25

**DOCUMENT # N94000005504**

1. Entity Name

CHOSEN GENERATION MINISTRIES, INC.



Principal Place of Business

239 NE LAKEVIEW DR  
SEBRING FL 33870  
US

Mailing Address

239 NE LAKEVIEW DR  
SEBRING FL 33870  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0535908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUST, LESTER DALE DR  
239 N E LAKEVIEW DR  
SEBRING FL 33870

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 FAUST, LESTER DALE DR  
STREET ADDRESS 239 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE VD  
NAME FAUST, DONNA J  
STREET ADDRESS 239 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D  
NAME BARHOLOMEW, BENJAMIN  
STREET ADDRESS 239 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D  
NAME BARTHOLOMEN, CHRISTINA  
STREET ADDRESS 239 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D  
NAME ADDESA, JOHN J  
STREET ADDRESS 1684 JOHN D. ODOM RD.  
CITY-ST-ZIP DOTHAN AL 36303-1390 ☐ Delete

TITLE D  
NAME ADDESA, JOAN P  
STREET ADDRESS 1684 JOHN D ODOM RD.  
CITY-ST-ZIP DOTHAN AL 36303-1390 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 #