

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005504

FILED
Sep 08, 2005
Secretary of State

Entity Name: CHOSEN GENERATION MINISTRIES, INC.

Current Principal Place of Business:

239 NE LAKEVIEW DR
SEBRING, FL 33870 US

New Principal Place of Business:

1122 JONQUIL
SEBRING, FL 33875 US

Current Mailing Address:

239 NE LAKEVIEW DR
SEBRING, FL 33870 US

New Mailing Address:

P. O. BOX 1147
SEBRING, FL 33871 US

FEI Number: 65-0535908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FAUST, LESTER DALE DR
1122 JONQUIL
SEBRING, FL 33875 US

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:

09/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAUST, LESTER DALE DR
Address: 239 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: FAUST, DONNA J
Address: 239 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BARHOLOMEW, BENJAMIN
Address: 239 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BARTHOLOMEN, CHRISTINA
Address: 239 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: ADDESA, JOHN J
Address: 1684 JOHN D. ODOM RD.
City-St-Zip: DOTHAN, AL 363031390

Title: D () Delete
Name: ADDESA, JOAN P
Address: 1684 JOHN D ODOM RD.
City-St-Zip: DOTHAN, AL 363031390

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAUST, LESTER DALE DR
Address: 1122 JONQUIL
City-St-Zip: SEBRING, FL 33875

Title: VD (X) Change () Addition
Name: FAUST, DONNA J
Address: 1122 JONQUIL
City-St-Zip: SEBRING, FL 33875

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:

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: DR. LESTER DALE FAUST

PD

09/08/2005

Electronic Signature of Signing Officer or Director

Date