## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000082

FILED Feb 25, 2004 Secretary of State

Entity Name: SAINTS EQUIPPED TO EVANGELIZE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 501 VILLAGE GREEN PKWY SUITE 22 BRADENTON, FL 34209 **New Mailing Address: Current Mailing Address:** P.O. BOX 587 P.O. BOX 587 BRADENTON, FL 342060587 BRADENTON, FL 342060587 US FEI Number: 65-0544687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPATOLA, SALVATORE A 5314 19TH AVE. WEST BRADENTON, FL 34209 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SALVATORE, SPATOLA Name: Name: Address: 5314 19TH AVE W Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: CD () Delete Title: () Change () Addition CULPEPPER, BART Name: Name: Address: 4925 70TH ST EAST Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, KEITH Name: Name: 1805 4TH ST W Address: Address: City-St-Zip: BRADENTON, FL 34221 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: MELCHIOR, DAVID Name: Address: 245 BRIGHTON CT Address: City-St-Zip: ENGLEWOOD, FL 34223 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: SALVATORE A, SPATOLA P 02/25/2004