

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000209

FILED
Aug 24, 2005
Secretary of State

Entity Name: RESURRECTION BRASS MINISTRIES, INC.

Current Principal Place of Business:

14247 PORTRUSH DRIVE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

14247 PORTRUSH DRIVE
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 65-0547410 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PELTON, PAUL
14247 PORTRUSH DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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:

Title: PSTD () Delete
Name: PELTON, PAUL
Address: 14247 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: V () Delete
Name: PELTON, SANDRA
Address: 14247 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: MCLAUGHLIN, JACK
Address: PO BOX 809
City-St-Zip: TOCCOA FALLS, GA 30598

Title: D () Delete
Name: MCLAUGHLIN, TIMOTHY
Address: 3211 RIVERSIDE DR.
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MAGINN, BILL
Address: 17041 RUSSELL AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: PAUL PELTON

PRES

08/24/2005

Electronic Signature of Signing Officer or Director

Date