

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

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90017 021 \*\*\*\*61.25

**DOCUMENT # N95000000342**

1. Entity Name

PEP MINISTRIES, INC.



Principal Place of Business

9 ROSALIE OAKS BOULEVARD  
LAKE WALES FL ~~33853~~  
**33898**

Mailing Address

9 ROSALIE OAKS BOULEVARD  
LAKE WALES FL ~~33853~~  
**33898**

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

59-3297627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, PAUL E  
9 ROSALIE OAKS BOULEVARD  
LAKE WALES FL 33853

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 ☐ Delete  
NAME PARRISH, PAUL E  
STREET ADDRESS 9 ROSALIE OAKS BOULEVARD  
CITY-ST-ZIP LAKE WALES FL ~~33853~~ **33898**

TITLE ☐ Delete  
NAME PARRISH, TRUMELIA A  
STREET ADDRESS 9 ROSALIE OAKS BOULEVARD  
CITY-ST-ZIP LAKE WALES FL ~~33853~~ **33898**

TITLE ☐ Delete  
NAME PARRISH, M. EUGENE  
STREET ADDRESS 9 ROSALIE OAKS BOULEVARD  
CITY-ST-ZIP LAKE WALES FL ~~33853~~ **33898**

TITLE ☐ Delete  
NAME HOLLEY, J. SHURRAIN  
STREET ADDRESS 9 ROSALIE OAKS BOULEVARD  
CITY-ST-ZIP LAKE WALES FL ~~33853~~ **33898**

TITLE ☐ Delete  
NAME PODINSKI, TERESA T.  
STREET ADDRESS 9 ROSALIE OAKS BLVD  
CITY-ST-ZIP LAKE WALES FL **33898**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Paul E. Parrish* Paul E. Parrish

3-22-04 (863) 696-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #