2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N95000001820

Entity Name: FOCUS ON CHRIST MINISTRIES, INC.

Current Principal Place of Business:

561 E. MITCHELL HAMMOCK RD.
STE 100
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622226
OVIEDO, FL 327622226 US

New Mailing Address:

FEI Number: 59-3312869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANZ, FRED
561 MITCHELL HAMMOCK RD., STE 100
OVIEDO, FL 32765 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: D ( ) Delete
Name: FRANZ, FRED
Address: 561 E. MITCHELL HAMMOCK RD., STE 100
City-St-Zip: OVIEDO, FL 32765

Title: DP ( ) Delete
Name: BARLEY, WILLIAM
Address: PO BOX 622226 N/A
City-St-Zip: OVIEDO, FL

Title: DV ( ) Delete
Name: BARLEY, GAIL
Address: PO BOX 622226 N/A
City-St-Zip: OVIEDO, FL 26

Title: D ( ) Delete
Name: BELLHORN, TED
Address: 421 HILLCREST ST
City-St-Zip: OVIEDO, FL

Title: D ( ) Delete
Name: HARPER, EVERETT
Address: 429 W. CHURCH AVE
City-St-Zip: LONGWOOD, FL

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: WILLIAM M. BARLEY DP 04/06/2005

Electronic Signature of Signing Officer or Director — Date