2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002343

FILED Apr 19, 2005 Secretary of State

Entity Name: TWIN CITIES MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2101 N. PARTIN DR.

NICEVILLE, FL 32578

2101 N. PARTIN DRIVE
NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

2101 N. PARTIN DR.2101 N. PARTIN DRIVENICEVILLE, FL 32578NICEVILLE, FL 32578

FEI Number: 59-3326701 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:

GRETE, ROBERT L REV 277 WAVA AVENUE NICEVILLE, FL 32578 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Age

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: JULIO, DALE REV Name: MOTT, JACK BISHOP

Address: 2401 NORTH PARTIN DR Address: 100 HART STREET

City-St-Zip: NICEVILLE, FL 32578

City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete Title: DV (X) Change () Addition Name: WILSON, DAVID REV Name: TANDY, BEN PASTOR

 Address:
 1080 AURORA STREET
 Address:
 800 BAY DRIVE

 City-St-Zip:
 VALPARAISO, FL 32580
 City-St-Zip:
 NICEVILLE, FL 32578

Title: SD () Delete Title: () Change () Addition

 Name:
 HAGUE, LINDA
 Name:

 Address:
 106 PORTER AVENUE
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 GRETE, ROBERT L DR
 Name:
 GRETE, ROBERT L DR

 Address:
 2101 N PARTIN DR.
 Address:
 2101 N PARTIN DRIVE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

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: ROBERT L. GRETE TREA 04/19/2005