

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005978

Entity Name: BATTLEFIELD MINISTRIES, INC.

FILED
Jan 28, 2004
Secretary of State

Current Principal Place of Business:

1397 S. FLORIDA AVE.
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 872
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 65-0633374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTH, JOURDY G
1397 S. FLORIDA AVE
WAUCHULA, FL 33873 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: STUART, DEBRA J A
Address: 505 S 2ND STREET STE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: SD () Delete
Name: JOSEPH, JOHN P ESQ.
Address: 7650 GIBALTER CT N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VTD () Delete
Name: BELFON, KELVEN
Address: 4347 S WELLER AVE APT B54
City-St-Zip: SPRINGFIELD, MO 65804

Title: PD () Delete
Name: JOUDRY, PETER A
Address: PO BOX 872
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: SHANNON R. BENCOMO,
Address: 185 HICKORY LANE
City-St-Zip: WETUMPKA, AL 36093

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:

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: PETER A. JOUDRY

PD

01/28/2004

Electronic Signature of Signing Officer or Director

Date