2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000867

Entity Name: WORSHIP EQUIPPERS MINISTRIES, INC.

FILED May 05, 2004 Secretary of State

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

21010 SOUTHBANK ST. 21010 SOUTHBANK ST. POTOMAC FALLS, VA 20165

#225

POTOMAC FALLS, VA 20165

Current Mailing Address: New Mailing Address:

21010 SOUTHBANK ST. POTOMAC FALLS, VA 20165

FEI Number: 59-3360607 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:

SCHULTZ, DEAN F 6728 NW 34TH WAY GAINESVILLE, FL 32653 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SCHULTZ, DEAN F SCHULTZ, DEAN F Name: Name:

6728 NW 34TH WAY Address: 21010 SOUTHBANK ST. # 225 Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: POTOMAC FALLS, VA 20165

Title: STD () Delete Title: (X) Change () Addition SCHULTZ, GLORIANNE Name: SCHULTZ, GLORIANNE Name:

Address: 6728 NW 34TH WAY Address: 21010 SOUTHBANK ST. # 225 City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32653

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

DEMILDT, HANS Name: Name: 1900 SNOOK DRIVE Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip:

Title: **BMAL** () Delete Title: () Change () Addition

Name: HARRELL, DEBORAH Name: Address: 6728 NW 34TH WAY Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip:

Title: BMAL () Delete Title: **BMAL** (X) Change () Addition

SLU, RANDOLPH SLY, RANDOLPH Name: Name:

21010 SOUTHBANK ST. 21010 SOUTHBANK ST. # 225 Address: Address: City-St-Zip: POTOMAC FALLS, VA 20165 City-St-Zip: POTOMAC FALLS, VA 20165

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: DEAN F. SCHULTZ PD 05/05/2004