

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

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90030 005 \*\*\*\*70.00

**DOCUMENT # N96000001056**

1. Entity Name

**RAVEN MINISTRIES, INC.**



Principal Place of Business

**980 CEDAR RIDGE LANE  
DELAND FL 32720**

Mailing Address

**2607 S. WOODLAND BLVD  
#303  
DELAND FL 32720**

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

**59-3363743**

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

**HACKATHORN, MICHAEL F  
980 CEDAR RIDGE LANE  
DELAND FL 32720**

**32720**

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 PD  
NAME HACKATHORN, MICHAEL F  
STREET ADDRESS 980 CEDAR RIDGE LANE  
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE VD  
NAME CROCKETT, CARLOS  
STREET ADDRESS 876 CYPRESS AVE  
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE SD  
NAME CROCKETT, CAROLYN  
STREET ADDRESS 876 CYPRESS AVE  
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE TD  
NAME HACKATHORN, PAULINE  
STREET ADDRESS 980 CEDAR RIDGE LANE  
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE D  
NAME GIESELBERG, JOHN  
STREET ADDRESS 4375 LINWOOD RD.  
CITY-ST-ZIP WATERTOWN TN 37184 ☐ Delete

TITLE D  
NAME GIESELBERG, JUDY  
STREET ADDRESS 4375 LINWOOD RD.  
CITY-ST-ZIP WATERTOWN TN 37184 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael F. Hackathorn* **MICHAEL F. HACKATHORN** 2/12/04 (386) 734-4355