

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90379 050 \*\*\*\*70.00

<b>DOCUMENT # N96000001771</b> 1. Entity Name <b>FACE TO FACE MINISTRIES, INC.</b>					
Principal Place of Business <b>57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3423722</b>	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GATES, KRISTIAN 57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2004</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GATES, KRISTIAN 57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRADLEY, JACK L. 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Bradley, Jack L. 2010 Brae wick Drive Akron OH 44313 address change only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPAULDING, BEVERLY J 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Spaulding-Bradley, Beverly J. 2010 Brae wick Drive Akron OH 44313 address change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Beverly J. Spaulding-Bradley</i> <span style="float: right;">4/26/04 330.864.2049</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<i>Beverly J. Spaulding-Bradley - President</i>					