


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90168 003 ****61.25

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DOCUMENT # N96000001771 1. Entity Name FACE TO FACE MINISTRIES, INC.					
Principal Place of Business 57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459			Mailing Address 57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459		
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 59-3423722	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GATES, KRISTIAN 57 HALLELUJAH AVE SANTA ROSA BEACH, FL 32459			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Kristian Gates U.Pres.</u> DATE <u>April 5, 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV GATES, KRISTIAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATES, KRISTIAN		NAME		
STREET ADDRESS	57 HALLELUJAH AVE		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	DST <input checked="" type="checkbox"/> Delete		TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADLEY, JACK L		NAME	JASON HENDERSON	
STREET ADDRESS	2010 BRADWICK DRIVE		STREET ADDRESS	2031 MC CARTY DR	
CITY-ST-ZIP	AKRON, OH 44313		CITY-ST-ZIP	UNION TOWN OHIO 44685	
TITLE	DP <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	(SPAULDING) BEVERLY J		NAME	BRADLEY, BEVERLY J.	
STREET ADDRESS	2010 BRADWICK DRIVE		STREET ADDRESS	2010 BRAEWICK DRIVE	
CITY-ST-ZIP	AKRON, OH 44313		CITY-ST-ZIP	AKRON OHIO 44313	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Beverly Bradley Pres. Beverly Bradley</u> Date <u>4.5.05</u> Daytime Phone # <u>330.864.2049</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					