

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002321

FILED  
May 12, 2004  
Secretary of State

Entity Name: SPECIAL BLESSINGS MINISTRIES, INC.

## Current Principal Place of Business:

109 N BAY ST  
BUNNELL, FL 32110

## New Principal Place of Business:

103 N BAY ST.  
BUNNELL, FL 32110

## Current Mailing Address:

P O BOX 354532  
PALM COAST, FL 32135

## New Mailing Address:

FEI Number: 59-3375873      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMILTON, CAROL A PASTOR  
58 ROLLING FERN DR  
PALM COAST, FL 32164

## 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: DP ( ) Delete  
Name: HAMILTON, CAROL A PASTOR  
Address: 58 ROLLING FERN DR  
City-St-Zip: PALM COAST, FL 32164

Title: DVS ( ) Delete  
Name: HAMILTON, WILLIAM R SR  
Address: 58 ROLLING FERN DR  
City-St-Zip: PALM COAST, FL 32164

Title: DT ( ) Delete  
Name: SCHELL, LINDA M  
Address: PO BOX 730474  
City-St-Zip: ORMOND BEACH, FL 32173

Title: D (X) Delete  
Name: RHOADES, ELAINE  
Address: 37 BOSTON LANE  
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete  
Name: LANGLEY, ROBIN  
Address: 78 FOREST HILL DR  
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete  
Name: SYMONS, SKIP  
Address: 342 BENT CREEK LANE  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVT (X) Change ( ) Addition  
Name: HAMILTON, WILLIAM R SR  
Address: 58 ROLLING FERN DR  
City-St-Zip: PALM COAST, FL 32164

Title: DS (X) Change ( ) Addition  
Name: MUMMERT, MARY M  
Address: 60 BOTANY LANE  
City-St-Zip: PALM COAST, FL 32137

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: PASTOR CAROL A. HAMILTON

P

05/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date