

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003007

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: BWS MINISTRIES, INC.

## Current Principal Place of Business:

5345 ORTEGA BLVD  
SUITE 4  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

2732 BEAUCLERC RD  
JACKSONVILLE, FL 32257 US

## Current Mailing Address:

5345 ORTEGA BLVD  
SUITE 4  
JACKSONVILLE, FL 32210 US

## New Mailing Address:

2732 BEAUCLERC RD  
JACKSONVILLE, FL 32257 US

FEI Number: 59-3392780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKINNER, CHARLES W  
8267 SHADY GROVE CT  
JACKSONVILLE, FL 32256 US

## 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: SKINNER, BETTY W  
Address: 5303 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV ( ) Delete  
Name: CRENSHAW, KATHARINE K  
Address: 4314 ORTEGA FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DST ( ) Delete  
Name: ANDERSON, REBECCA B  
Address: 2732 BEAUCLERC RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: SKINNER, CHARLES W.  
Address: 8267 SHADY GROVE CT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: BOWER, MARY M  
Address: 4789 APALACHEE ST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: GILBERT, NANCY L  
Address: 4804 WAVERLY LANE  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BAKER, ANNE D  
Address: CHALLEN AVE  
City-St-Zip: JAX, FL 32205

Title: DP (X) Change ( ) Addition  
Name: CRENSHAW, KATHARINE K  
Address: 4314 ORTEGA FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

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

Title: D (X) Change ( ) Addition  
Name: GIBBS, MARGARET  
Address: HOLLY POINT RD  
City-St-Zip: ORANGE PARK, FL 32804

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: REBECCA B ANDERSON

ST

03/01/2005

Electronic Signature of Signing Officer or Director

Date