2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# N96000004255

Entity Name: NOW FAITH MINISTRIES, INC.

Current Principal Place of Business:

602 MCCLELLAND ST.
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
PAXTON, FL 325380188

New Mailing Address:

FEI Number: 59-3431215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, NELSON
795 FLOWERSVIEW BLVD
LAUREL HILL, FL 32567 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:	TDP	( ) Delete
Name:	WILLIAMS, NELSON	
Address:	795 FLOWERSVIEW BLVD	
City-St-Zip:	LAUREL HILLS, FL 32567	
Title:	TDVS	( ) Delete
Name:	WILLIAMS, LAURETTA	
Address:	795 FLOWERSVIEW BLVD	
City-St-Zip:	LAUREL HILL, FL 32567	
Title:	D	( ) Delete
Name:	BROWN, LIGAYA	
Address:	795 FLOWERSVIEW BLVD	
City-St-Zip:	LAUREL HILL, FL 32567	
Title:	TDT	( ) Delete
Name:	WILLIAMS, CLEOLA	
Address:	808 FLOWERSVIEW BLVD	
City-St-Zip:	LAUREL HILL, FL 32567	
Title:	D	( ) Delete
Name:	BROWN, TAKIESH	
Address:	795 FLOWERSVIEW BLVD	
City-St-Zip:	LAUREL HILL, FL 32567	
Title:	D	( ) Delete
Name:	WILLIAMS, SAMUEL	
Address:	808 FLOWERVIEW BLVD	
City-St-Zip:	LAUREL HILL, FL 32567	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) 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: NELSON WILLIAMS TDP 08/31/2004

Electronic Signature of Signing Officer or Director — Date