

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90204 045 ****61.25

DOCUMENT # N96000004527

1. Entity Name

SYLVESTER MINISTRIES, INC.



Principal Place of Business

**1390 N SEACREST BLVD
BOYNTON BEACH FL 33445**

Mailing Address

**3355 GEORGE BUSBEE PKWY, #112
KENNESAW GA 30144**

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

65-0719956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANKS, SHELIA
1390 N SEACREST BLVD
BOYNTON BEACH FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature of Shelia Banks)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BANKS, SHEILA**
STREET ADDRESS **1390 N SEACREST BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33445**

TITLE **DS** ☐ Delete
NAME **BANKS, MELINDA**
STREET ADDRESS **17108 VALENCIA BLVD.**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **DT** ☐ Delete
NAME **BANKS, FANNIE L**
STREET ADDRESS **17108 VALENCIA BLVD.**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ Delete
NAME **ALLEN, GALE**
STREET ADDRESS **3820 COELES AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **Albert Banks** ☐ Delete
NAME **Albert Banks**
STREET ADDRESS **1390 N Seacrest Blvd**
CITY-ST-ZIP **Boynton Beach FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Albert Banks** ☐ Change ☒ Addition
NAME **Albert Banks**
STREET ADDRESS **1390 N. Seacrest Blvd**
CITY-ST-ZIP **Boynton Beach FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #