2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N96000004728

Entity Name: KLUJICS MINISTRIES, INC.

Current Principal Place of Business:

271 S 7 STRET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

271 S 7 STRET
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 31-1542637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIOS, HERMAN
271 S 7 STRET
MACCLENNY, FL 32063 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: RIOS, HERMAN
Address: P O BOX 373 N/A
City-St-Zip: MACCLENNY, FL

Title: D ( ) Delete
Name: GORE, POLLY
Address: P O BOX 373 N/A
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: STOWE, RUSTY
Address: 4436 N.W. 18TH TERR
City-St-Zip: OLEC, OK 73127

Title: VP ( ) Delete
Name: GIRLACH, GIB
Address: 6768 LAS COLNAS ST
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete
Name: RIOS, GWEN
Address: P.O. BOX 373 N/A
City-St-Zip: MACCLENNY, FL 32063

Title: T ( ) Delete
Name: DOPSON, BRIAN
Address: P O BOX 1254
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: RIOS, HERMAN
Address: P O BOX 373 N/A
City-St-Zip: MACCLENNY, FL

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: HERMAN C RIOS DR 01/12/2005

Electronic Signature of Signing Officer or Director — Date