

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000105

FILED
Mar 01, 2005
Secretary of State

Entity Name: SACRED PATH MINISTRIES, INC.

Current Principal Place of Business:

32 SE 4 ST
DANIA BEACH, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

32 SE 4TH STREET
DANIA BEACH, FL 33004 US

New Mailing Address:

FEI Number: 65-0759542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, KENNETH R REV.
32 SE 4 ST
DANIA BEACH, FL 33004 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: PD () Delete
Name: CREWS, KENNETH R REV
Address: 32 SE 4 ST
City-St-Zip: DANIA BEACH, FL 33004

Title: VTD () Delete
Name: CREWS, EDITH L REV
Address: 32 SE 4 ST
City-St-Zip: DANIA BEACH, FL 33004

Title: SD () Delete
Name: HUTCHINGS, RUTH A
Address: 33 SW 4TH STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: CREWS, ARLENE C
Address: 3803 OLD ROAD 37 #136
City-St-Zip: LAKE LAND, FL 33813

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: D (X) Change () Addition
Name: CREWS, ARLENE C
Address: 570 LAKE CAROLYN CIRCLE
City-St-Zip: LAKE LAND, FL 33813

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: KENNETH R CREWS

PD

03/01/2005

Electronic Signature of Signing Officer or Director

Date