


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000452	
1. Entity Name JONATHAN SETTEL INTERNATIONAL MINISTRIES, INC.	

Principal Place of Business 1750 UNIVERSITY DRIVE SUITE 120 CORAL SPRINGS, FL 33071	Mailing Address 1750 UNIVERSITY DRIVE SUITE 120 CORAL SPRINGS, FL 33071
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04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0751932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SETTEL, JONATHAN 1750 UNIVERSITY DR SUITE 120 CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000344469

04/29/05-80136-021 51.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTEL, JONATHAN 1750 UNIVERSITY DR SUITE 120 POMPANO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SETTEL, SHARON 1750 UNIVERSITY DR SUITE 120 POMPANO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZA, DR. FRANK 10900 KEMWOOD DR. HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZA, ALICE 10900 KENWOOD DRIVE HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   **4/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-595-8787