

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 23, 2005  
Secretary of State**

DOCUMENT# N97000002387

Entity Name: CHURCH OF THE FIELD MINISTRIES, INC.

**Current Principal Place of Business:**

1409 E MIMOSA DRIVE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

1409 E MIMOSA DRIVE  
PLANT CITY, FL 33563

**New Mailing Address:**

FEI Number: 59-3443019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CONNER, JIMMY L  
1409 E MIMOSA DRIVE  
PLANT CITY, FL 33563      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CONNER, JIMMY L  
Address: 1409 E MIMOSA DRIVE  
City-St-Zip: PLANT CITY, FL 33563

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD      ( ) Delete  
Name: CONNER, GLENDA F  
Address: 1409 E MIMOSA DR  
City-St-Zip: PLANT CITY, FL 33563

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      ( ) Delete  
Name: CONNER, LARRY E  
Address: 1409 MIMOSA DRIVE  
City-St-Zip: PLANT CITY, FL 33563

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: JIMMY L CONNER

PD

06/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date