

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002430

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: SWALLEY MINISTRIES, INC.

**Current Principal Place of Business:**

35331 HEARTLAND DR  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

6903 WEST HINSDALE PLACE  
LITTLETON, CO 80128

**New Mailing Address:**

FEI Number: 26-1896820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWALLEY, STACEY  
35331 HEARTLAND DR  
DADE CITY, FL 33523 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: D ( ) Delete  
Name: HAWARD, JOHN REV.  
Address: 2415 SAGEGMENT DR  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: SWALLEY, RACHEL C MRS  
Address: 6903 WEST HINSDALE PLACE  
City-St-Zip: LITTLETON, CO 80128

Title: D ( ) Delete  
Name: MCCORD, MIKE  
Address: 35331 HEARTLAND DR  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: SCOTT, BURNARD REV.  
Address: 8176 MALLORY COURT  
City-St-Zip: CHANHASSEN, MN 55317

**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: ( ) 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: STACEY SWALLEY

D

01/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date