2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N97000002478

Entity Name: OUR GOD REIGN MINISTRY INCORPORATED

Current Principal Place of Business:

307 AMERICAN LEGION RD
MASCOTTE, FL 34753 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1173
MASCOTTE, FL 34753 US

New Mailing Address:

FEI Number: 59-3523004 **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:

HARDY, TONY L
2295 KNOLLWOOD DR
LEESBURG, FL 34748 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: PT ( ) Delete
Name: HARDY, TONY L
Address: 1047 PARKWOOD AVE
City-St-Zip: GROVELAND, FL 34736

Title: VTS ( ) Delete
Name: HARDY, VERONICA
Address: 1047 PARKWOOD AVE
City-St-Zip: GROVELAND, FL 34736

Title: T ( ) Delete
Name: DUKES, BERTHA L
Address: 824 HART STREET
City-St-Zip: GROVELAND, FL 34736

Title: T ( ) Delete
Name: HARDY, EVA NELL
Address: P.O. BOX 92208
City-St-Zip: LEESBURG, FL 34749

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: TONY L HARDY PT 05/01/2005

Electronic Signature of Signing Officer or Director — Date