

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002999

FILED
Aug 09, 2005
Secretary of State

Entity Name: MCGHEE MINISTRIES, INC.

Current Principal Place of Business:

647 NORTH STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

647 NORTH STREET
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3541842 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:

GALLON MCGHEE, ELIZABETH
647 NORTH STREET
DAYTONA BEACH, FL 32114 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:

Title: DP () Delete
Name: MCGHEE, JOHN C
Address: 647 NORTH ST
City-St-Zip: DAYTONA BCH, FL 32114

Title: DVRA () Delete
Name: MCGHEE, ELIZABETH G
Address: 647 NORTH ST
City-St-Zip: DAYTONA BCH, FL 32114

Title: DS () Delete
Name: MCGHEE, JOHN C II
Address: 647 NORTH ST
City-St-Zip: DAYTONA BCH, FL 32114

Title: DT () Delete
Name: LEWIS, JOE C JR
Address: 647 NORTH ST
City-St-Zip: DAYTONA BEACH, FL 32114

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: JOHN C. MCGHEE

DP

08/09/2005

Electronic Signature of Signing Officer or Director

Date