

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004625

FILED
Mar 03, 2005
Secretary of State

Entity Name: GO YE MINISTRIES, INCORPORATED

Current Principal Place of Business:

1690 ALTURAS RD
ALTURAS, FL 33820

New Principal Place of Business:

Current Mailing Address:

PO BOX 227
ALTURAS, FL 33820

New Mailing Address:

FEI Number: 59-3476452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WAYCASTER, BEACHEL
1690 ALTURAS RD
PO BOX 227
ALTURAS, FL 33820 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: PD () Delete
Name: WAYCASTER, BEACHEL
Address: 1690 ALTURAS RD
City-St-Zip: ALTURAS, FL 33820

Title: VPD () Delete
Name: WAYCASTER, CONSTANCE
Address: 1690 ATURAS RD
City-St-Zip: ALTURAS, FL 33820

Title: TD () Delete
Name: WAYCASTER, BEACHEL
Address: 1690 ATURAS RD
City-St-Zip: ALTURAS, FL 33820

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:

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: BEACHEL WAYCASTER

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date