2004 NOT-FOR-PROFFT CORPORATION **ANNUAL REPORT (AR)**

Jan 29, 2004 8:00 am **Secretary of State DOCUMENT # N97000005634** 1. Entity Name 01-29-2004 90087 041 ****61.25 MARC AND DOLORES HILL MINISTRIES, INC. Principal Place of Business Mailing Address 4435 1ST STREET NE 4435 1ST STREET NE ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-3471245 Not Applicable Country \$8.75 Additional Ζiρ Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, DOLORES Street Address (P.O. Box Number is Not Acceptable) 4435 1ST STREET NE 312 ST PETERSBURG FL 33703 City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ΡĎ ☐ Delete Change Addition TITLE TITLE HILL, MARC A NAME NAME 4345 14TH WAY NE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE MAYFIELD, WILLIAM O NAME 111 LAUREL TREE WAY STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCCULLUM, MARY~ NAME ŇAMÉ 4441 FAIRFIELD AVE SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP **ZL** Change ☐ Addition TITLE Delete TITLE ROWE, BETTYE L NAME NAME 4345 14TH WAY NE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other

SIGNATURE

FILED