2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # N97000005634 1. Entity Name 02-02-2005 90045 015 ****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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For 4. FEI Number City & State City & State 59-3471245 Not Applicable \$8.75 Additional Zip Country Country 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 4435 1ST STREET NE 312 ST PETERSBURG FL 33703 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. APRIL BENTON (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD ☐ Change ☐ Addition TITLE ☐ Delete TIBLE HILL, MARC A NAME NAME 4345 14TH WAY NE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CHY-ST-7IP TITLE Change Addition TITLE ☐ Delete MAYFIELD, WILLIAM O NAME NAME 111 LAUREL TREE WAY STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition . Delete TITLE MCCULLUM, MARY NAMÉ NAME 4441 FAIRFIELD AVE SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition 🔀 Delete HILL, DELORES NAME 4435 1ST ST. NE #312 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 like impowered.

G OFFICER OR DIRECTOR

FILED