


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 030 ****61.25

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| DOCUMENT # N98000000811 1. Entity Name CONCEPTS & PRECEPTS MINISTRIES, INC. |  |
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| Principal Place of Business 4745 JACKSON BLUFF RD LOT 108 TALLAHASSEE, FL 32310 | Mailing Address 4745 JACKSON BLUFF RD LOT 108 TALLAHASSEE, FL 32310 |
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54067621



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| 2. Principal Place of Business 24 Planters Circle | 3. Mailing Address 24 Planters Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

08022004 Chg-NP CR2E037 (10/03)

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| City & State Quincy, FL | City & State Quincy, FL | 4. FEI Number 59-3501285 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32352 | Country | Zip 32352 | Country |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HOLMES, PAUL 4745 JACKSON BLUFF RD. LOT #108 TALLAHASSEE, FL 32310 | 7. Name and Address of New Registered Agent Name Holmes, Paul Street Address (P.O. Box Number, is Not Acceptable) 24 Planters Circle City Quincy FL Zip Code 32352 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLMES, PAUL 4745 JACKSON BLUFF RD. LOT 108 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLMES, SHIRLEY M 4745 JACKSON BLUFF RD. LOT 108 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HALL, SYLVIA 857 W. DENT ST TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 a address, with all other like empowered.

SIGNATURE: Paul S. Holmes Date: 8-6-04 (850) 574-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR