


**2005, NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000811</b> 1. Entity Name <b>CONCEPTS &amp; PRECEPTS MINISTRIES, INC.</b>	
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Principal Place of Business <b>24 PLANTERS CIR QUINCY, FL 32352</b>	Mailing Address <b>24 PLANTERS CIR QUINCY, FL 32352</b>
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**DO NOT WRITE IN THIS SPACE**

08222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3501285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**HOLMES, PAUL  
24 PLANTERS CIR  
QUINCY, FL 32352**

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IN THIS SPACE**

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)

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, SHIRLEY M 4745 JACKSON BLUFF RD. LOT 108 TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, SYLVIA 857 W. DENT ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 empowered.

**SIGNATURE:** Paul S. Holmes **Paul S. Holmes** **8/22/2005** **(850) 528-0790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #