

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

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002224

1. Entity Name
RODNEY AND MANDY KEITH MINISTRIES, INC.



Principal Place of Business
6038 SUDBURY AVE.
JACKSONVILLE, FL 32210

Mailing Address
6038 SUDBURY AVE.
JACKSONVILLE, FL 32210



04012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASFORD, RICHARD A
5616 FT. SUMTER RD.
JACKSONVILLE, FL 32210

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KEITH, RODNEY
STREET ADDRESS	6038 SUDBURY AVE
CITY-STATE-ZIP	JACKSONVILLE, FL 32210

TITLE	DVS
NAME	KEITH, MANDY
STREET ADDRESS	6038 SUDBURY AVE
CITY-STATE-ZIP	JACKSONVILLE, FL 32210

TITLE	D
NAME	REAVIS, HERB DR.
STREET ADDRESS	2057 RAILLEY CEDAR DR.
CITY-STATE-ZIP	JACKSONVILLE, FL 32216

TITLE	D
NAME	ST. CLAIR, WALTER DR.
STREET ADDRESS	2780 FRONTIER AVE.
CITY-STATE-ZIP	ORANGE PARK, FL 32065

TITLE	D
NAME	MORGAN, DARRELL
STREET ADDRESS	9235 E. JAYBIRD CIRCLE
CITY-STATE-ZIP	JACKSONVILLE, FL 32257

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000297754
04/11/05-80039-018 61.25

**DO NOT WRITE
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: Rodney Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

Date

904-908-4070

Daytime Phone #