

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004067

FILED
Apr 30, 2004
Secretary of State

Entity Name: BRIDGEBUILDERS INTERNATIONAL PROPHETIC MINISTRIES, INC.

Current Principal Place of Business:

3251 HILLMONT CIR
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5057
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 59-3527062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, AARON
3251 HILLMONT CIR
ORLANDO, FL 32817

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EVANS, AARON
Address: 3251 HILLMONT CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: WHITLEY, DANIEL E
Address: 7000 S ATLANTIC AVE
City-St-Zip: NEW SYMRNA BEACH, FL 32169

Title: D () Delete
Name: SAYAD, RICHARD
Address: 4327 PEBBLE CREEK COURT
City-St-Zip: SAGINAW, MI 48603

Title: D () Delete
Name: SAYAD, PAT
Address: 4327 PEBBLE CREEK COURT
City-St-Zip: SAGINAW, MI 48603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHITLEY, DANIEL E
Address: 615 EAST LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON EVANS

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date