2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N98000004169

Entity Name: FAMILIES IN CRISIS MINISTRIES INC.

Current Principal Place of Business:

8220 WILLOWWOOD STREET
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

8220 WILLOWWOOD STREET
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3522673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, CLEVERICK M
8220 WILLOWWOOD STREET
ORLANDO, FL 32818 US

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: D ( ) Delete
Name: ADAMS, CLEVERICK M
Address: 8220 WILLOWWOOD STREET
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: TATE, ANDRE
Address: 5659 NOKOMIS CIRCLE
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: SHAW, WELLINGTON W PH
Address: 4708 MIRANDA CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: FAULK, CORNELIUS
Address: 815 HATTERAS AVE.
City-St-Zip: CLERMONT, FL

Title: D ( ) Delete
Name: JOHNSON, JOSEPH MS
Address: 1779 CHRISTOPHER STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: BROWN, STEPHAN E
Address: PO BOX 620171
City-St-Zip: OVIEDO, FL 32762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: ORVILLE, CLAYTON
Address: P.O. BOX 682796
City-St-Zip: ORLANDO, FL 32868

Title: D (X) Change ( ) Addition
Name: ADAMS, TERESA
Address: 8220 WILLOWWOOD
City-St-Zip: ORLANDO, FL 32818

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: CLEVERICK ADAMS P 04/29/2005

Electronic Signature of Signing Officer or Director — Date