

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90082 025 \*\*\*\*61.25

**DOCUMENT # N98000004463**

1. Entity Name

**EUGENE DOWNING, SR. MINISTRIES, INC.**



Principal Place of Business

**36 SOUTH 5 ST  
HAINES CITY FL 33844**

Mailing Address

**P.O. BOX 3822  
HAINES CITY FL 33844**

2. Principal Place of Business

**36 South 5th St.**

Suite, Apt. #, etc.

**Haines city FL**

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**33844**

Country

**FL**

Zip

**33844**

Country

**FL**

6. Name and Address of Current Registered Agent

**DOWNING, EUGENE SR.  
704 ROBY COURT  
DUNDEE FL 33838**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DOWNING, EUGENE SR**  
STREET ADDRESS **704 ROBY COURT**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **D** ☐ Delete  
NAME **DOWNING, DEBRA**  
STREET ADDRESS **704 ROBY COURT**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **D** ☐ Delete  
NAME **DOWNING, EUGENE JR**  
STREET ADDRESS **204 ECKERD STREET**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-04 (863) 438-8022**