

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004463

FILED
Apr 30, 2005
Secretary of State

Entity Name: EUGENE DOWNING, SR. MINISTRIES, INC.

Current Principal Place of Business:

36 SOUTH 5TH ST.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3822
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3541285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNING, EUGENE SR.
704 ROBY COURT
DUNDEE, FL 33838 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: DOWNING, EUGENE SR
Address: 704 ROBY COURT
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: DOWNING, DEBRA
Address: 704 ROBY COURT
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: DOWNING, EUGENE JR
Address: 204 ECKERD STREET
City-St-Zip: DAVENPORT, FL 33837

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:

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: EUGENE DOWNING SR

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date