2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004466

Entity Name: BELTON MINISTRIES, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

536 WESTMORELAND DRIVE 18809 TUNBRIDGE ST. SUITE #3 ORLANDO, FL 32833

ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

P.O. BOX 617256 18809 TUNBRIDGE ST. ORLANDO, FL 32861 ORLANDO, FL 32833

FEI Number: 59-3528504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HIGHSMITH, TRACEY
4422 MARSHALL ST
ORLANDO, FL 32811 US
HIGHSMITH, TRACY
4422 MARSHALL ST
ORLANDO, FL 32811 US
ORLANDO, FL 32811 US

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: TRACY HIGHSMITH 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: BELTON, DENISE BELTON, DENISE

 Name:
 BELTON, DENISE

 Address:
 5406 WAUCHULA CT.

 City-St-Zip:
 ORLANDO, FL 32839

 City-St-Zip:
 ORLANDO, FL 32833

Title: D () Delete Title: D (X) Change () Addition Name: BELTON, JOSEPH Name: BELTON, JOSEPH

 Name:
 BELTON, 303EFT

 Address:
 5406 WAUCHULA CT.

 City-St-Zip:
 ORLANDO, FL 32839

 City-St-Zip:
 ORLANDO, FL 32833

Title: D () Delete Title: D (X) Change () Addition Name: HIGHSMITH, TRACEY Name: HIGHSMITH, TRACY

Name: HIGHSMITH, TRACEY
Address: 4422 MARSHALL STREET
City-St-Zip: ORLANDO, FL 32811

Name: HIGHSMITH, TRACY
Address: 4422 MARSHALL STREET
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete Title: () Change () Addition

 Name:
 ANSELMO, BRYANT
 Name:

 Address:
 4948 CASON COVE DRIVE #208
 Address:

 City-St-Zip:
 ORLANDO, FL 32811
 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: DENISE BELTON D 04/30/2004