

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT, # N98000006192**

1. Entity Name  
**BEGINNING AGAIN MINISTRIES, INCORPORATED**



Principal Place of Business  
**2205 MAYFAIR WAY #211  
TITUSVILLE, FL 32796**

Mailing Address  
**P.O. BOX 965  
TITUSVILLE, FL 32780**

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3561182**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MERRITT, ROBERT L  
2200 MAYFAIR WAY  
1  
TITUSVILLE, FL 32796**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MERRITT, ROBERT L
STREET ADDRESS	2200 MAYFAIR WAY #1
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	V
NAME	BRYANT, JAMES T
STREET ADDRESS	2200 MAYFAIR WAY #1
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	S
NAME	BRYANT, KELLY
STREET ADDRESS	2200 MAYFAIR WAY #1
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	T
NAME	MERRITT, YVONNE E
STREET ADDRESS	2200 MAYFAIR WAY #1
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000233872  
02/17/05-80061-017 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert L. Merritt* **Robert L. Merritt** 2/13/05 321-269-7250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #