2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N98000006526

Entity Name: HOLLINGSWORTH MINISTRIES, INC.

Current Principal Place of Business:

621 RIDGE DRIVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

2155 PINEWOODS CIR.
NAPLES, FL 34105

New Mailing Address:

FEI Number: 59-3555825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLINGWORTH, RICK
2155 PINEWOOD CIRCLE
NAPLES, FL 34105 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:	PD	( ) Delete
Name:	HOLLINGSWORTH, RICK	
Address:	2155 PINEWOODS CIRCLE	
City-St-Zip:	NAPLES, FL 34105	
Title:	SD	( ) Delete
Name:	HOLLINGSWORTH, CYNTHIA	
Address:	2155 PINEWOODS CIRCLE	
City-St-Zip:	NAPLES, FL 34105	
Title:	DO	( ) Delete
Name:	HARTMAN, RICK	
Address:	744 BELVILLE BLVD.	
City-St-Zip:	NAPLES, FL 34104	
Title:	T	( ) Delete
Name:	ROMAN, RAUL	
Address:	3240 RUBY RED DRIVE	
City-St-Zip:	NAPLES, FL 34120	

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:	DOT	(X) Change ( ) Addition
Name:	ROMAN, RAUL	
Address:	3240 RUBY RED DRIVE	
City-St-Zip:	NAPLES, FL 34120	

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: RICK HOLLINGSWORTH PD 03/04/2005

Electronic Signature of Signing Officer or Director — Date