2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N98000007240

Entity Name: SPIRITUAL MEAT MINISTRIES, INC.

Current Principal Place of Business:

25146 CRANES ROOST CIRCLE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

240 E. 39TH ST.
31 B
NEW YORK, NY 10016

New Mailing Address:

P.O. BOX 701566
ST. CLOUD, FL 34770 15

FEI Number: 59-3085768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSAY, TROY L
1339 W. WATERVIEW BLVD.
LAKELAND, FL 33801

Name and Address of New Registered Agent:

LINDSAY, TROY L
6069 LAMONTE ST.
ST. CLOUD, FL 34771

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: TROY LINDSAY 04/29/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINDSAY, SANDRA L
Address: 5139 WOOD ST.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D ( ) Delete
Name: STIENKE, COLEEN
Address: 409 LANGHOLM
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete
Name: LINDSAY, MICHAEL E
Address: 5139 WOOD ST.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: STD ( ) Delete
Name: LINDSAY, TROY L
Address: 1339 W. WATERVIEW BLVD.
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: BROCK, TIM & MELODY
Address: 6443 PINE ST.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: MOORE, IRENE
Address: P.O. BOX 2793
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LINDSAY, SANDRA L
Address: 25146 CRANES ROOST CIR.
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: LINDSAY, MICHAEL E
Address: 25146 CRANES ROOST CIR.
City-St-Zip: LEESBURG, FL 34748

Title: STD (X) Change ( ) Addition
Name: LINDSAY, TROY L
Address: 6069 LAMONTE ST.
City-St-Zip: ST. CLOUD, FL 34771

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: SANDRA LINDSAY PD 04/29/2004
Electronic Signature of Signing Officer or Director Date