

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000070

**FILED**  
**Sep 03, 2004**  
**Secretary of State****Entity Name:** BARCLAY T. MCRAE MINISTRIES, INCORPORATED**Current Principal Place of Business:**543 SUMMERS CREEK DRIVE  
MERRITT ISLAND, FL 32952**New Principal Place of Business:**485 NANCIE AVE  
MERRITT ISLAND, FL 32952**Current Mailing Address:**543 SUMMERS CREEK DRIVE  
MERRITT ISLAND, FL 32952**New Mailing Address:**61 HIGHLAND DRIVE  
NEWNAN, GA 30265 17**FEI Number:** 59-3555083**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCRAE, BARCLAY T REV.  
543 SUMMERS CREEK DRIVE  
MERRITT ISLAND, FL 32952**Name and Address of New Registered Agent:**BARRON, CINDY L  
485 NANCIE AVE  
MERRITT ISLAND, FL 32952

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:** CINDY LYNN BARRON

09/03/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MCRAE, BARCLAY T REV.  
**Address:** 543 SUMMERS CREEK DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952**Title:** D ( ) Delete  
**Name:** MCRAE, JENNIFER R  
**Address:** 543 SUMMERS CREEK DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952**Title:** D ( ) Delete  
**Name:** MORRIS, EARLINE J  
**Address:** 3622 TWELVE OAKS CIRCLE,  
**City-St-Zip:** MERRITT ISLAND, FL 32953**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** MCRAE, BARCLAY T REV.  
**Address:** 61 HIGHLAND DRIVE  
**City-St-Zip:** NEWNAN, GA 30265**Title:** D (X) Change ( ) Addition  
**Name:** MCRAE, JENNIFER R  
**Address:** 61 HIGHLAND DRIVE  
**City-St-Zip:** NEWNAN, GA 30265**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:** BARCLAY T. MCRAE

REV.

09/03/2004

Electronic Signature of Signing Officer or Director

Date