

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001680

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: FISHIONARY MINISTRIES, INC.

## Current Principal Place of Business:

1401 S FEDERAL HWY  
POMPANO BEACH, FL 33062 US

## New Principal Place of Business:

731 SW 10TH STREET  
POMPANO BEACH, FL 33060 US

## Current Mailing Address:

3419 DOVER RD  
POMPANO BEACH, FL 33062 US

## New Mailing Address:

FEI Number: 65-0904568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HODGE, ROX-ANNE M  
3419 DOVER RD  
POMPANO BEACH, FL 33062 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: HODGE, HERSCH H  
Address: 3419 DOVER RD.  
City-St-Zip: POMPANO BEACH, FL 330622924

Title: SD ( ) Delete  
Name: HODGE, ROX-ANNE M  
Address: 3419 DOVER RD.  
City-St-Zip: POMPANO BEACH, FL 330622924

Title: DT ( ) Delete  
Name: ALLEN, KRISTIN  
Address: 1361 NE 27TH WAY #4  
City-St-Zip: POMPANO BEACH, FL 33062

## 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:

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: ROX-ANNE M HODGE

SD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date