

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002182

Entity Name: MR. T'S MINISTRIES, INC.

FILED
Mar 12, 2005
Secretary of State

Current Principal Place of Business:

P O BOX 562646
MIAMI, FL 33256

New Principal Place of Business:

Current Mailing Address:

P O BOX 562646
MIAMI, FL 33256

New Mailing Address:

FEI Number: 65-0904850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, HAYWARD
11355 SW 148 ST
MIAMI, FL 33176 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: V () Delete
Name: CONE, WILLIE JR
Address: 20022 NW 62 TERRACE
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: ROBERTSON, DOROTHY
Address: 113550 SW 148TH STREET
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: TAYLOR, OSSIE
Address: 10760 SW 149TH STREET
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: CONE, PAULA
Address: 20022 NW 62 TERRACE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: EDWARDS, OLIVE
Address: 9910 SW 164TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: COX, MYRNA
Address: 11240 SW 170TH TERRACE
City-St-Zip: MIAMI, FL 33157

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: () 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: HAYWARD TAYLOR

P

03/12/2005

Electronic Signature of Signing Officer or Director

Date