

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2005
Secretary of State**

DOCUMENT# N99000002603

Entity Name: TRANSPARENT MINISTRIES, INC.

Current Principal Place of Business:

1609 S.W. BURLINGTON ST.
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1609 S.W. BURLINGTON ST.
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 58-2100036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, AUDREY S.T. REV.
1609 S.W. BURLINGTON ST.
PORT SAINT LUCIE, FL 34984 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: PT () Delete
Name: DAVIS, REV. AUDREY S. T.
Address: 1609 SW BURLINGTON ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T () Delete
Name: DAVIS, OTIS V JR
Address: 1609 SW BURLINGTON ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T () Delete
Name: MILLER, JAMES L
Address: 1632 SW BURLINGTON ST
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

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: REV. AUDREY S. T. DAVIS

PT

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date