2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 23, 2004 8:00 am Secretary of State

1. Entity Name	MENT; # N99000003 DLID MINISTRIES, INC.	3331					06-23	-2004 900	001 001 **	***61.25
Principal Place of Business 180 KIRBY THOMPSON ROAD ALVA, FL 33920 Mailing Address PO BOX 282 ALVA, FL 33920						54058500				
2. Principal Pl	lace of Business	3. Mailin	g Address			and the state of t				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4				
						05202004 Chg-NP CR2E037 (10/03)				
City & State		City & State			4. FEI Number Applied For 65-0923023 Not Applicable					
Zip Country		Zip (Cou	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered	Agent			7. Name and Add	ress of New	Registered	Agent	
					Name					
CASTELLITTO, ANTHONY J 180 KIRBY THOMPSON RD ALVA, FL 33920			5.000 m	> Street Address (P.O. Box Number is Not Acceptable)						
) :				0					
	named entity submits this statement for		Þ		City			FL	-	
SIGNATURE .	1					· · · · · · · · · · · · · · · · · · ·			•	
	Signature, typed or printed name of registered agent	t and title if applic			d Agent signature require			DATE	k navable to	
Di	Filing Fee is \$61.25 ue by September 8, 2004	t and title if applic	9. Election Camp Trust Fund Cor	aign F	inancing	\$5.00 May Be Added to Fees		Make chec	k payable to	
D:	Filing Fee is \$61.25		9. Election Camp	aign F	inancing		, FI	Make chec orida Depa	rtment of St	ate
	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DI		9. Election Camp	aign F ntributi	inancing ion.	\$5.00 May Be Added to Fees	, FI	Make chec orida Depa	rtment of St	ate
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12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE