

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003352

FILED
Apr 04, 2005
Secretary of State

Entity Name: ONE MORE CHANCE MINISTRY, INC.

Current Principal Place of Business:

8933 LEM TURNER RD.
JACKSONVILLE, FL 32208

New Principal Place of Business:

8843 PHILIPS HWY
JACKSONVILLE, FL 32246

Current Mailing Address:

8843 PHILIPS HWY
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3583130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOBLEY, CECIL L
9800 TOUCHTON RD.
APT #338
JACKSONVILLE, FL 32246 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: MOBLEY, CECIL L
Address: 9800 TOUCHTON RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: FULTON, LANNETTE
Address: 2314 JOHNSON AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: CRAWFORD, ANNETTE CLERK
Address: 1741 CALLAHAN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MOBLEY, TWILA
Address: 8711 NEWTON RD., APT. #88
City-St-Zip: JACKSONVILLE, FL 32207

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:

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: CECIL L. MOBLEY

PAST

04/04/2005

Electronic Signature of Signing Officer or Director

Date