

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003452

FILED
Apr 28, 2004
Secretary of State

Entity Name: PRESENCE OF GOD MINISTRIES INC.

Current Principal Place of Business:

2012 NORTH POINT BLVD.
SUITE B
TALLAHASSEE, FL 32308

New Principal Place of Business:

3720 WOODHILL DRIVE
TALLAHASSEE, FL 323032068 US

Current Mailing Address:

PO BOX 16395
TALLAHASSEE, FL 323176395 US

New Mailing Address:

FEI Number: 59-3581172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUIE, PIERRE LAMONT
3720 WOOD HILL DRIVE
TALLAHASSEE, FL 323032068

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: TD () Delete
Name: MASON, WAYNE
Address: 3000 NW 50TH ST
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: HARRIS, WILLIAM
Address: 23 HART TERR
City-St-Zip: NEW BRITAIN, CT 06052

Title: PD () Delete
Name: BUIE, PIERRE L
Address: 3720 WOOD HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 323032068

Title: VD () Delete
Name: TYLER, STEPHEN
Address: 833 S PARSONS ST
City-St-Zip: DELAND, FL 32724

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: PIERRE L. BUIE

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date