

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006546

FILED
Aug 23, 2005
Secretary of State

Entity Name: SEQUEL MINISTRIES, INC.

Current Principal Place of Business:

14263 PARADISE TREE DR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781106
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 59-3605741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FISHTER, DONNA
1065 REGAL POINTE TERRACE #309
LAKE MARY, FL 32746 US

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: D () Delete
Name: BOYCE, KIM
Address: 140 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PILKINGTON, SCOTT
Address: 2820 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: FISHTER, DONNA
Address: 1065 REGAL POINTE TERR. #309
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: COPELAND, KAREN
Address: 2417 SOUTHERN HILLS CT
City-St-Zip: OVIEDO, FL 32765

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: DONNA FISHTER

PRES

08/23/2005

Electronic Signature of Signing Officer or Director

Date