



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 137851		2. Name of Corporation The Ministry Training Network of Southeastern New England			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 59 Wendy Lane		City Wakefield	Zip 02879
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO GENERAGE, IN ALLIANCE WITH LIKE-MINDED EVANGELICAL CHURCHES, LOCALLY-BASED LEARNING OPPORTUNITIES FOR CHRISTIAN WORKERS AND MINISTRY LEADERS IN SOUTHEASTERN NEW ENGLAND					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rev. Chap Bettis			Vice President Name Rev. David Gadoury		
Street Address 1619 Lonsdale Ave.			Street Address 1114 Scituate Ave.		
City Lincoln	State RI	Zip 02865	City Cranston	State RI	Zip 02921
Secretary Name Rev. Jim Menzies			Treasurer Name Rev. Charles Pierce		
Street Address 220 Moonstone Beach Rd			Street Address 59 Wendy Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Rev. Chap Bettis			Director Name Rev. David Gadoury		
Street Address 1619 Lonsdale Ave.			Street Address 1114 Scituate Ave.		
City Lincoln	State RI	Zip 02865	City Cranston	State RI	Zip 02921
Director Name Rev. Jim Menzies			Director Name Rev. Charles Pierce		
Street Address 220 Moonstone Beach Rd.			Street Address 59 Wendy Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name DAVID GADOURY			Address		
Address 1114 SCITUATE AVENUE			City CRANSTON	Zip 02921-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



137851

File Date 7-14-05
Check No. 104
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Charles L. Pierce Date 7-18-05
Print or Type Name of Officer
Charles L. Pierce
Treasurer
Title of Officer