


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90237 043 \*\*\*\*61.25

<b>DOCUMENT # N01000000808</b> 1. Entity Name: <i>REV. GRIFFIN DAVIS, SR. MINISTRIES, INC.</i>		
Principal Place of Business 1441 W. 30TH ST. RIVIERA BCH FL 33401	Mailing Address 1441 W. 30TH ST. RIVIERA BCH FL 33401	



1st MOORE CR2E037 (10/05)

2. Principal Place of Business <i>1441 W 30th St</i> Suite, Apt. #, etc.	3. Mailing Address <i>1441 W 30th St</i> Suite, Apt. #, etc.	4. FEI Number 02-0539526	Applied For <input type="checkbox"/> Not Applicable
City & State <i>Riviera Beach, FL</i>	City & State <i>Riviera Beach, FL</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <i>33404</i>	Country <i>Palm Beach</i>	Zip <i>33404</i>	Country <i>Palm Beach</i>

6. Name and Address of Current Registered Agent  DAVIS, GRIFFIN SR. 1441 W. 30TH ST. RIVIERA BCH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GRIFFIN SR.		NAME		
STREET ADDRESS	1441 W. 30TH ST.		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH FL 33401		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HUGHETTA		NAME		
STREET ADDRESS	1441 W. 30TH ST.		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH FL 33401		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SYDNEY R		NAME		
STREET ADDRESS	1249 9TH ST.		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rev. Griffin Davis* 4-24-06 561-842-6591