

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001257

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: I AM BORN AGAIN MINISTRIES, INC.

**Current Principal Place of Business:**

430 NW 10TH STREET  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

430 NW 10TH STREET  
HIGH SPRINGS, FL 32643

**New Mailing Address:**

FEI Number: 60-0002763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BACHE, EDITH  
430 NW 10TH STREET  
HIGH SPRINGS, FL 32643 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: HEMINGWAY, HARRELL M JR  
Address: 10950 NE 96TH STREET  
City-St-Zip: ARCHER, FL 32618

Title: VD ( ) Delete  
Name: BLANTON, RONALD N  
Address: PO BOX 1238  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: STD ( ) Delete  
Name: BACHE, EDITH  
Address: 430 NW 10TH STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D (X) Delete  
Name: VOYLES, JAMES  
Address: 1704 NW 8TH AVE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete  
Name: WILLIAMS, HAZEL  
Address: PO BOX 562  
City-St-Zip: GAINESVILLE, FL 32602

Title: S (X) Delete  
Name: HODGE, LINDA D  
Address: P.O.BOX 534  
City-St-Zip: BRONSON, FL 32621

**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:

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 Chapter 119, 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: EDITH C. BACHE

STD

04/21/2006

Electronic Signature of Signing Officer or Director

Date