


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004554

1. Entity Name
MATCH POINT MINISTRIES, INC.



Principal Place of Business Mailing Address

**2932 COUNTRY CLUB BOULEVARD
DEERFIELD BEACH, FL 33442** **2932 COUNTRY CLUB BOULEVARD
DEERFIELD BEACH, FL 33442**



05242006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0000185 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JOHN P
2499 GLADES RD
STE 305A
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, SCOTT
STREET ADDRESS	2932 COUNTRY CLUB BLVD
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	FITZWILLIAM, RYAN
STREET ADDRESS	65 DEER CREEK ROAD, #H109
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	HEIDGERD, FREDERICK C
STREET ADDRESS	600 HILLSBORO BLVD., SUITE 520
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	MILLER, JOHN P
STREET ADDRESS	2499 GLADES ROAD, SUITE 305A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

00000566376
05/30/06-80007-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Scott Williams **05/29/06** **801-210-2126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #