2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N02000009891

Entity Name: MEET THE NEED MINISTRIES, INC.

Current Principal Place of Business:

15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 01-0761710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, JAMES H
15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556 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:	DIR	( ) Delete
Name:	MYRBACK, ELAINE MS	
Address:	5521 WEST CYPRESS STREET, SUITE 103	
City-St-Zip:	TAMPA, FL 33607 US	
Title:	PRES	( ) Delete
Name:	MORGAN, JAMES H MR	
Address:	15020 ARBOR HOLLOW DRIVE	
City-St-Zip:	ODESSA, FL 33556	
Title:	DIR	( ) Delete
Name:	VALDES, OTHONIEL MR	
Address:	1060 WEST BUSCH BOULEVARD	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	DIR	( ) Delete
Name:	BERNARD, DANIEL DR	
Address:	2111-B 34TH WAY NORTH	
City-St-Zip:	LARGO, FL 33771 US	
Title:	DIR	( ) Delete
Name:	GOMEZ, JOSE	
Address:	6301 MEMORIAL HIGHWAY, SUITE 102	
City-St-Zip:	TAMPA, FL 33615	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DIR	(X) Change ( ) Addition
Name:	MYRBACK, ELAINE MS	
Address:	300 S HYDE PARK AVE, SUITE 201	
City-St-Zip:	TAMPA, FL 33606 US	
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: JAMES H MORGAN PRES 04/30/2006

Electronic Signature of Signing Officer or Director — Date