


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 045 ****70.00

DOCUMENT # N02000009903					
1. Entity Name INTEGRITY SHOPPING MALL, INC.					
Principal Place of Business 131 MARITIME DRIVE SANFORD, FL 32771			Mailing Address 131 MARITIME DRIVE SANFORD, FL 32771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0811222	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, ARTHUR J JR. 131 MARITIME DRIVE SANFORD, FL 32771			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DS	Delete <input type="checkbox"/>		TITLE V/S/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME MURPHY, MARY			NAME MURPHY, MARY		
STREET ADDRESS 7462 APRELLE DRIVE			STREET ADDRESS 7462 Aprelle Drive		
CITY-ST-ZIP SANFORD, FL 32771			CITY-ST-ZIP Sanford, FL 32771		
TITLE PC	Delete <input type="checkbox"/>		TITLE P/T/D/C	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME MURPHY, ARTHUR J JR			NAME MURPHY, ARTHUR J., JR.		
STREET ADDRESS 7462 APRELLE DRIVE			STREET ADDRESS 7462 Aprelle Drive		
CITY-ST-ZIP SANFORD, FL 32771			CITY-ST-ZIP Sanford, FL 32771		
TITLE D	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME MURPHY, MARY			NAME		
STREET ADDRESS 7462 APRELLE DRIVE			STREET ADDRESS		
CITY-ST-ZIP SANFORD, FL 32771			CITY-ST-ZIP		
TITLE D	Delete <input type="checkbox"/>		TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME ELLIS, AIDA			NAME ELLIS, ALDA		
STREET ADDRESS 5110 STAGECOACH RD			STREET ADDRESS 5110 Stagecoach Road		
CITY-ST-ZIP LITTLE ROCK, AR 72204			CITY-ST-ZIP Little Rock, AR 72204		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 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: ARTHUR J. MURPHY, JR.		<i>Arthur J. Murphy Jr.</i>		Date: 04/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 407-948-0209	

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