

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007611

FILED
Apr 25, 2006
Secretary of State

Entity Name: ALAN STOCKTON MINISTRIES, INC.

Current Principal Place of Business:

11 KINGSMAN CIRCLE
FT. MYERS, FL 339054307

New Principal Place of Business:

Current Mailing Address:

11 KINGSMAN CIRCLE
FT. MYERS, FL 339054307

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOCKTON, ALAN B
11 KINGSMAN CIRCLE
FT. MYERS, FL 339054307 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: D () Delete
Name: JENKINS, PATRICIA
Address: 4751 ZANA DR.
City-St-Zip: FT. MYERS, FL 33905

Title: D () Delete
Name: HUDSON, GLENDA
Address: 3028 CORTEZ BLVD.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: STRAMAN, JOSEPH
Address: 3034 ST. CHARLES ST.
City-St-Zip: FT. MYERS, FL 33916

Title: O () Delete
Name: GRIFFIN, ELVIRA
Address: 3129 LAFAYETTE ST.
City-St-Zip: FT. MYERS, FL 33916

Title: O () Delete
Name: JACKSON, THEODORE
Address: 124 ANDROS ST.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: O () Delete
Name: MERRICKS, ROSEMARY
Address: 3820 HIGHLAND AVE.
City-St-Zip: FT. MYERS, FL 33916

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
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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: THEODORE JACKSON

OFF

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date