2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N05000000970

Entity Name: TRAVELERS EVANGELISTIC OUTREACH MINISTRIES INC.

Current Principal Place of Business:

176 BREEZE GLENN
LAKE CITY, FL 32055

New Principal Place of Business:

13909 S.E. 51 COURT
SUMMERFIELD, FL 34491

Current Mailing Address:

176 BREEZE GLENN
LAKE CITY, FL 32055

New Mailing Address:

13909 S.E. 51 COURT
SUMMERFIELD, FL 34491

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

Name and Address of Current Registered Agent:

RAINEY, BETTY
13909 SE 51 COURT
SUMMERFIELD, FL 13391 US

Name and Address of New Registered Agent:

RAINEY, BETTY
13909 SE 51 COURT
SUMMERFIELD, FL 34491 US

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: BETTY RAINEY 04/29/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAINEY, BETTY
Address: 13909 SE 51 COURT
City-St-Zip: SUMMERFIELD, FL 13391

Title: D ( ) Delete
Name: RAINEY, ALLEN
Address: 13909 SE 51 COURT
City-St-Zip: SUMMERFIELD, FL 13391

Title: S ( ) Delete
Name: TUCKER, RUBY
Address: 3520 3RD STREET
City-St-Zip: OCALA, FL 34475

Title: T ( ) Delete
Name: TIMMONS, TAWANNA
Address: 5885 NW 11TH PLACE
City-St-Zip: OCALA, FL 34482

Title: D (X) Delete
Name: DANIELS, HENRY
Address: 1445 FALLEN CREEK ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Delete
Name: DANIELS, MALORIS
Address: 1445 FALLEN CREEK RD.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: RAINEY, BETTY
Address: 13909 SE 51 COURT
City-St-Zip: SUMMERFIELD, FL 34491

Title: P (X) Change ( ) Addition
Name: RAINEY, ALLEN
Address: 13909 SE 51 COURT
City-St-Zip: SUMMERFIELD, FL 34491

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: BETTY RAINEY R A 04/29/2006
Electronic Signature of Signing Officer or Director Date