
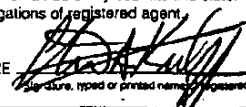



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-17-2006 90268 032 ****61.25

DOCUMENT # N05000004648					
1. Entity Name VERSE BY VERSE MINISTRIES, INC.					
Principal Place of Business 1754 BELLEMEADE DRIVE CLEARWATER, FL 33755			Mailing Address 1754 BELLEMEADE DRIVE CLEARWATER, FL 33755		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01052006 Chg-NP CR2E037 (11/05) 4. FEI Number 25-7916950 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 				DATE 1/6/06	
Filing Fee is \$67.25 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					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRELOFF, STEVEN A		NAME	WILLIAM POTEET	
STREET ADDRESS	1754 BELLEMEADE DRIVE		STREET ADDRESS	1754 BELLEMEADE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRELOFF, BENJAMIN J		NAME	RICHARD BAUMARDNER	
STREET ADDRESS	1754 BELLEMEADE DRIVE		STREET ADDRESS	1754 BELLEMEADE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTEET, WILLIAM		NAME		
STREET ADDRESS	1754 BELLEMEADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, JAMES K		NAME		
STREET ADDRESS	1754 BELLEMEADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JACK		NAME		
STREET ADDRESS	1754 BELLEMEADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEPPO, JOSEPH A		NAME		
STREET ADDRESS	1754 BELLEMEADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		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: 				X 1/6/06 X 727-441-1714 Date Daytime Phone #	



ATTACHMENT

66002/42

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

VERSE BY VERSE MINISTRIES, INC.
1754 BELLEMEADE DRIVE
CLEARWATER, FL 33755

Subject: VERSE BY VERSE MINISTRIES, INC.

Reference Number: N05000004648

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MS
ANNUAL REPORTS SECTION