

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90132 014 \*\*\*\*61.25

**DOCUMENT # N05000006492**

1. Entity Name  
**WISDOM BASED DECISIONS MINISTRIES  
INTERNATIONAL, INC.**



Principal Place of Business  
**3418 17TH AVE. S.W.  
NAPLES, FL 34117 US**

Mailing Address  
**3418 17TH AVE. S.W.  
NAPLES, FL 34117 US**

**50006363**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**20-3023677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

**JOHNSON, DEBRA L  
3418 17TH AVE. S.W.  
NAPLES, FL 34117**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SHIPMAN, PAUL  
STREET ADDRESS 3418 17TH AVENUE, SW  
CITY-ST-ZIP NAPLES, FL 34117

TITLE TD ☐ Delete  
NAME COATES, JIM  
STREET ADDRESS COSTA AZUL 48  
CITY-ST-ZIP CABERETE, DOMINIQUE REPUBLIC,

TITLE VPD ☐ Delete  
NAME MORGAN, JOY  
STREET ADDRESS 3418 17TH AVENUE, SW  
CITY-ST-ZIP NAPLES, FL 34117

TITLE D ☐ Delete  
NAME ADAMS, DIONE  
STREET ADDRESS 10706 MEMPHIS DR.  
CITY-ST-ZIP FRISCO, TX 75035

TITLE TD ☐ Delete  
NAME COATES, SUE  
STREET ADDRESS COSTA AZUL 48  
CITY-ST-ZIP CEBERETE, DOMINICAN REPUBLIC,

TITLE SD ☐ Delete  
NAME MCCLEAN, VICTORIA  
STREET ADDRESS P.O. BOX 24770 - ECDR  
CITY-ST-ZIP W. PALM BEACH, FL 33416

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☒ Addition  
NAME ROBERT LAWLER  
STREET ADDRESS PO BOX 24770-ECOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33416

TITLE ☒ Change ☐ Addition  
NAME Delete Goggy MERRITT, D  
STREET ADDRESS PO BOX 24770-ECOR  
CITY-ST-ZIP W. Palm Beach, FL 33416

TITLE D, D ☐ Change ☒ Addition  
NAME ANNE E. LOUIS DURRETT  
STREET ADDRESS 212 Sailors Run  
CITY-ST-ZIP Lakeway, TX 78734

TITLE ☐ Change ☒ Addition  
NAME KIMBERLY CLARK  
STREET ADDRESS 2513 E. YUCCA ST.  
CITY-ST-ZIP Phoenix, AZ 85028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Joy Morgan* JOY MORGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06  
Date

239-352-0074  
809-264-9769  
Daytime Phone #