


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009374 1. Entity Name ARGYLE FORREST MINISTRIES, INC.	
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Principal Place of Business 7363 PROSPERITY PRK, RD. N. JACKSONVILLE, FL 32214	Mailing Address 7363 PROSPERITY PRK, RD. N. JACKSONVILLE, FL 32214
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1758249	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, NATHEN
 8324 ROCKY CREEK DR
 JACKSONVILLE, FL FL322-44

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, MILDRED PASTOR 7363 PROSPERITY PRK, RD. N. JACKSONVILLE, FL 32214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, ANANIAS TRUSTEE 7363 PROSPERITY PRK, RD. N. JACKSONVILLE, FL 32214
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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: Mildred Watts Mildred WATTS 1-16-07 (904) 705-2229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #