

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N05000010467

Entity Name: RESCUE OPERATION MINISTRY, INC.

**Current Principal Place of Business:**

27024 WINGED ELM DR  
WESLEY CAHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

27024 WINGED ELM DR  
WESLEY CAHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 27-0132811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWLAND, LAUREN E  
27024 WINGED ELM DR  
WESLEY CAHAPEL, FL 33543      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: DP      ( ) Delete  
Name: HANKS, GREGORY  
Address: 1539 E HOWARD ST #105  
City-St-Zip: PASADENA, CA 91104

Title: DVT      ( ) Delete  
Name: ROWLAND, RAGAN D  
Address: 27024 WINGED ELM DR  
City-St-Zip: WESLEY CAHAPEL, FL 33543

Title: DS      ( ) Delete  
Name: ROWLAND, LAUREN  
Address: 27024 WINGED ELM DR  
City-St-Zip: WESLEY CAHAPEL, FL 33543

Title: D      ( ) Delete  
Name: PONCE, SERIGO  
Address: 9951 ATLANTIC BLVD STE 159  
City-St-Zip: JACKSONVILLE, FL 32225

**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  
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: GREGORY HANKS

DP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date