

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 042 ****61.25



DOCUMENT # N16715
1. Entity Name
TRY JESUS MINISTRIES, INC.

Principal Place of Business
**CALVIN K. PANGBURN
1630 W DAUGHTERY ROAD
LAKELAND FL 33810
US**

Mailing Address
**CALVIN K. PANGBURN
1630 W DAUGHTERY ROAD
LAKELAND FL 33810
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number
NO-T APPLICABLE

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PANGBURN, CALVIN
1630 W DAUGHTERY ROAD
LAKELAND FL 33810**

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 re-registering) DATE

**FILE NOW: 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	<input type="checkbox"/> Delete
NAME	PANGBURN, CALVIN K	
STREET ADDRESS	1630 W DAUGHTERY RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PANGBURN, BARBARA	
STREET ADDRESS	1630 W DAUGHTERY RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JOE C	
STREET ADDRESS	3522 GROVEVIEW DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Leonard A. Ward	
STREET ADDRESS	1307 Skowhegan Ave.	
CITY-ST-ZIP	Lakeland FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard A. Ward	
STREET ADDRESS	1307 Skowhegan Avenue	
CITY-ST-ZIP	Lakeland FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Calvin K Pangburn* 3-23-06 863-581-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #