

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000848

FILED
Jan 05, 2006
Secretary of State

Entity Name: REJOICE MARRIAGE MINISTRIES, INC.

Current Principal Place of Business:

402 N.E. 1ST ST.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10548
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-0565049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEINKAMP, CHARLYNE A
700 NE SEVENTH ST.
POMPANO BEACH, FL 33060 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: D () Delete
Name: BELL, JULIE
Address: 224 ORANGE BLOSSOM ROAD
City-St-Zip: TAVENIER, FL 33070 US

Title: PRES () Delete
Name: STEINKAMP, CHARLYNE A
Address: 700 N.E. 7TH ST.
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: CAPONI, BEVERLY
Address: 5083 OUACHITA DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D () Delete
Name: WINGFIELD, DENNIS
Address: 41979 BANBURY COURT
City-St-Zip: NORTHVILLE, MI 48167 US

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: CHARLYNE A. STEINKAMP

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date