


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90014 031 ****70.00

DOCUMENT # N96000000936					
1. Entity Name I AM MINISTRIES, INC.					
Principal Place of Business 1015 COMMERCE AVE VERO BEACH, FL 32960 US			Mailing Address P.O. BOX 2458 VERO BEACH, FL 32961-2458 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, TOM 5525 16TH ST VERO BEACH, FL 32966				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DBM	<input type="checkbox"/> Delete		TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, JAMES K			NAME	JAMES SCHORNER
STREET ADDRESS	1020 11TH PLACE			STREET ADDRESS	150 S. CAMELIA CT
CITY-ST-ZIP	VERO BEACH, FL			CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DBM	<input type="checkbox"/> Delete		TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, TOM			NAME	JON BATES VERO BEACH INN
STREET ADDRESS	5525 16TH ST.			STREET ADDRESS	4700 N HWY A1A
CITY-ST-ZIP	VERO BEACH, FL 32966			CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DBM	<input type="checkbox"/> Delete		TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUBAKER, LEE			NAME	JAMES BECKLEY
STREET ADDRESS	3376 1ST LN			STREET ADDRESS	PO BOX 2459
CITY-ST-ZIP	VERO BEACH, FL 32968			CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	DT	<input type="checkbox"/> Delete		TITLE	
NAME	GOFF, TERRY			NAME	
STREET ADDRESS	3555 MARTHAS LN.			STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32967			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	
NAME	COLKITT, JAY			NAME	
STREET ADDRESS	860 11TH ST			STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	
NAME	VANVYNCKT, PHILIP			NAME	
STREET ADDRESS	951 OLD DIXIE HWY			STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960			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: <i>Thomas King</i>				Date: 5/28/06 772-978-0601	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

50019720



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3354241

Applied For
Not Applicable

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