
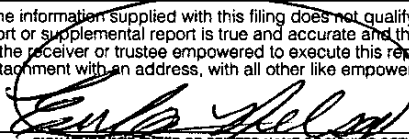


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 038 ****61.25

DOCUMENT # N01000001117 1. Entity Name MEC MINISTRIES, INC.					
Principal Place of Business 1711 NW 38TH AVE LAUDERHILL, FL 33313			Mailing Address 1711 NW 38TH AVE LAUDERHILL, FL 33313		
2. Principal Place of Business 1631 NW 38th AVE. Suite, Apt. #, etc.		3. Mailing Address 1631 NW 38th AVE. Suite, Apt. #, etc.			
City & State LAUDERHILL, FL Zip Country 33313 USA		City & State LAUDERHILL, FL Zip Country 33313 USA		4. FEI Number 65-1031438	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent NELSON, EULA 3961 NW 34 AVENUE LAUDERDALE LKS, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 NAME STREET ADDRESS CITY-ST-ZIP	DP KEMP, OTIS L 3910 NW 177 STREET CAROL CITY, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KEMP, VIVIAN E 3910 NW 177 STREET CAROL CITY, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NATHAN 4856 NW 1ST STREET PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VAN-REIL, KARL 7607 W 40 STREET CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, EULA 3961 NW 34TH AVE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, HOWARD 1441 NW 5th AVENUE FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, HOWARD 1441 NW 5th AVENUE FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, HOWARD 1441 NW 5th AVENUE FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, HOWARD 1441 NW 5th AVENUE FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, HOWARD 1441 NW 5th AVENUE FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Eula Nelson		1/9/06 954-486-9595	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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01092006 Chg-NP CR2E037 (11/05)