


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000061</b> 1. Entity Name <b>BARUCH CHRISTIAN FELLOWSHIP MINISTRIES, INC.</b>		
Principal Place of Business <b>13816 N.W. 7TH AVE. MIAMI, FL 33168 US</b>	Mailing Address <b>13816 N.W. 7TH AVE. MIAMI, FL 33168 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  <b>PINDER, JULIEANN 130 N.W. 147 STREET MIAMI, FL 33168</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 reappointing)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	4. FEI Number <b>65-0370342</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PINDER, PRINCEY 130 N.W. 147TH STREET MIAMI, FL 33168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BARNES, PATRICIA 1238 112TH ST. MIAMI, FL 33168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BOWE, ROSE 11325 N.W. 12TH PL. #8 MIAMI, FL 33189</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>CAMPBELL, JOSEPHINE 130 N.W. 147TH ST. MIAMI, FL 33168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PINDER, JULIEANN 130 N.W. 147 ST. MIAMI, FL 33168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty Row)	
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.		
<b>SIGNATURE: JULIEANN PINDER - CEO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/6/06</b> <small>Daytime Phone #</small>



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