2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P29549

1. Entity Name
DESERT MINISTRIES, INC.

Principal Place of Business	Mailing Address
1312 MATTHEWS MINT HILL ROAD MATTHEWS, NC 28105-2306 US	P.O. BOX 747 MATTHEWS, NC 28106-0747 US

DO NOT WRITE IN THIS SPACE

03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
25-1423650
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOBBINS, B. ALAN III
2601 E. OAKLAND PARK BLVD.
SUITE 400
FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000478328
04/08/06-80001-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROMIE, RICHARD M.
STREET ADDRESS	1127 HOLLEYBANK DRIVE
CITY-ST-ZIP	MATTHEWS, NC 28105
TITLE	ED
NAME	CROMIE, MARGARET G
STREET ADDRESS	1127 HOLLEYBANK DRIVE
CITY-ST-ZIP	MATTHEWS, NC 28105
TITLE	TD
NAME	DOBBINS, ALAN B
STREET ADDRESS	2601 E. OAKLAND PARK BLVD., #400
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	ASTD
NAME	HALL, WILLIAM E
STREET ADDRESS	935 VALLEYVIEW RD.
CITY-ST-ZIP	PITTSBURGH, PA 33508
TITLE	SD
NAME	PATTON, ROBERT F
STREET ADDRESS	156 VILLAGE COURT
CITY-ST-ZIP	PITTSBURGH, PA 15241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 reports 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: _____ March 20, 2006 (954) 565-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. ALAN DOBBINS III, Treasurer and Director