

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DOBBINS, B. ALAN III 2601 E. OAKLAND PARK BLVD. SUITE 400 FORT LAUDERDALE, FL 33308

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

**Filing Fee is \$61.25
Due by May 1, 2006**

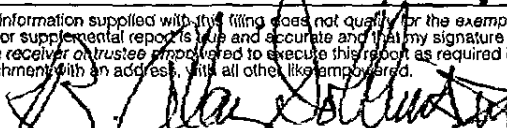
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000478328
04/08/06-80001-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROMIE, RICHARD M. 1127 HOLLEYBANK DRIVE MATTHEWS, NC 28105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CROMIE, MARGARET G 1127 HOLLEYBANK DRIVE MATTHEWS, NC 28105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOBBINS, ALAN B 2601 E. OAKLAND PARK BLVD., #400 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD HALL, WILLIAM E 935 VALLEYVIEW RD. PITTSBURGH, PA 33508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTON, ROBERT F 156 VILLAGE COURT 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2006 (954) 565-2200
Date Daytime Phone #

B. ALAN DOBBINS III, Treasurer and Director