


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005028 1. Entity Name WORD OF RECONCILIATION MINISTRIES INCORPORATED	
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Principal Place of Business 159 SOUTH EDEN PARK DRIVE SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 1718 SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



07122006 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0096752	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**O'NEILL, PATRICK
159 SOUTH EDEN PARK DRIVE
SANTA ROSA BEACH, FL 32459**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000575686 08/30/06-80005-008 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD O'NEILL, PATRICK P.O. BOX 1718 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'NEILL, HEATHER P.O. BOX 1718 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARSTVEDT, MIRA 126 SOUTH EDEN PARK DRIVE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Patrick O'Neill **8-29-06** **850-585-5722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #