


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 038 ****61.25

DOCUMENT # 718999			
1. Entity Name AURORA MINISTRIES, INC.			
Principal Place of Business 12705 ST. RT. 64 E. BRADENTON, FL 34212 US		Mailing Address P.O. BOX 621 BRADENTON, FL 34206 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALEPPO, JOSEPH A. 12705 ST. RT. 64 E. BRADENTON, FL 34212		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$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	DS PIKE, JAMES E 12705 ST. RT. 64 E BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIKE, JAMES E. 12705 ST. RT. 64 E BRADENTON, FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, SANNA B. 12705 ST. RT. 64 E. BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, CAREY 17933 MAPLEHURST PL. FAIR OAKS BRANCH, CA 91387 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEPPO, JOSEPH A. 12705 ST. RT. 64 E. BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ALEPPO, JOSEPH A. 12705 ST. RT. 64 E BRADENTON, FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEPPO, GEORGIA R. 12705 ST. RT. 64 E. BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HINES, RICHARD 12705 ST. RT. 64 E BRADENTON, FL 34212 <input type="checkbox"/> Change <input type="checkbox"/> Addition x Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC JOHNSON, PHILLIP R 26506 ISABELLA PKWY SANTA CLARITA, CA 91351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PIERRE, RON 164 MALLARD CREEK RUN LAGRANGE, OH 44050-9802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC CALL, LARRY 2252 S. OLD DITCH RD. WARSAW, IN 46580 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, JOHN 128 WESTRIDGE CT. CHAPIN, SC 29036 <input type="checkbox"/> Change <input type="checkbox"/> Addition x Delete

SIGNATURE:

JOSEPH A. ALEPPO

4/4/06

941-748-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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.