2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724809

FILED Mar 03, 2006 Secretary of State

Entity Name: WALTER A. ROUTH JR. MISSIONARY ASSN., INC.

Current Principal Place of Business:				New Principal Place of Business:			
200 WEST FIRST ST. SUITE 22 POST OFFICE BOX 1551 SANFORD, FL 327728551				1001 HEATHROW PARK LANE, SUITE 4001 POST OFFICE BOX 1551 SANFORD, FL 327728551			
Current Mailing Address:				New Mailing Address:			
POST OFF	FIRST ST. S ICE BOX 155 FL 3277215	1		POST OFF	THROW PAR ICE BOX 155 , FL 327721		
FEI Number:	23-7281935	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired	()
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:	
200 W. 1ST SUN BANK SANFORD,	FL US named entity		urpose o	1001 HEAT SUITE 400 LAKE MAR	Y, FL 32746	K LANE US	r both,
		H W. MCINTOSH				03/03/2006	
SIGNATOR		nic Signature of Registered Age	nt				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () MCINTOSH, KE 951 POWHATA SANFORD, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () MCINTOSH, RC 17 STONE GAT LONGWOOD, F	E SOUTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () EDGEMON, L. 103 LOCH ARE SANFORD, FL	OR COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SMITH, T. III 1528 MOCKING LONGWOOD, F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BUTCHER, LOI 1606 S. MAGNO SANFORD, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ROUTH, WALTI C/O 200 W. FIF SANFORD, FL			Title: Name: Address: City-St-Zip:	ROUTH, WAL	THROW PARK LANE, STE. 4001	ı

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. MCINTOSH P 03/03/2006