
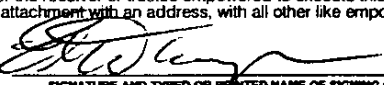


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90289 003 ****61.25

DOCUMENT # 730887 1. Entity Name MINISTRIES IN ACTION, INC.					
Principal Place of Business 10201 BAHIA DR STE 10 MIAMI, FL 33189 US			Mailing Address PO BOX 571357 MIAMI, FL 33257-1357 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1569112	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORGAN, CHARLES O. JR. 1300 NW 167 STREET MIAMI, FL 33169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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	TD MORAN, OSVALDO 12180 SW 87TH AVE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, E WALFORD 10201 BAHIA DR MIAMI, FL 33189	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CRAIG G 19655 SW 119TH PLACE MIAMI, FL 33177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELYN, PETER 551 DIPLOMAT CT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, MICHAEL 175 MONTBROOK DR JACKSON, MS 39206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRASER, LEWIS 12805 SW 84TH AVE MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  (E. Walford Thompson) March 8, 2006 (305) 234-7855					

ATTACHMENT

60025748
#730887

ID	OFFICERS & DIRECTORS	#	ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN ID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC CLURE, TED 7945 SW 173 TERRACE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D STEVENS, RICHARD 5966 SW 1 ST COURT CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, RICHARD 5966 SW 1 ST COURT CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASALLO, CHRISTOPHER 2605 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D VASALLO, CHRISTOPHER 2605 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABER, DAN 1619 WENTWORTH DR MONTGOMERY, AL 36106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, JAMES 15725 SW 188 ST MIAMI, FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition