2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 732521

1. Entity Name
ASSOCIATED MINISTRIES, INC.

Principal Place of Business	Mailing Address
3277 OLD US RD P.O. BOX 450 MARIANNA, FL 32447	4791 SHEFFIELD DR. P.O. BOX 450 MARIANNA, FL 32447

02092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1680467
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLIS, JACK E.
4476 BROAD STREET
MARIANNA, FL 32446

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLIS, JACK E
STREET ADDRESS	4476 BROAD ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	VD
NAME	ARNOLD, ZACHARY L
STREET ADDRESS	4466 PUTNAM STREET
CITY-ST-ZIP	MARIANNA, FL
TITLE	STD
NAME	HOLLIS, SHELLIE F.
STREET ADDRESS	4476 BROAD ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	MAYO, GENOUS R
STREET ADDRESS	2955 HUNTER FISH CAMP RD
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80057-003 70.00

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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: Shellie F. Hollis 2-10-06 850-526-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #