

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90047 029 ****61.25

DOCUMENT # 739079

1. Entity Name

ASSOCIATION OF CHRISTIAN MINISTRIES, INC.



Principal Place of Business

P. O. BOX 574003
ORLANDO FL 32857-4003

Mailing Address

P. O. BOX 574003
ORLANDO FL 32857-4003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1800322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANNEY, DR. A.C.
563 JADE WOOD AVE
P O BOX 574003
ORLANDO FL 32857

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JANNEY, REV. A. C.
STREET ADDRESS 563 JADE WOOD AVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE SD ☐ Delete
NAME JANNEY, ELINOR
STREET ADDRESS 563 JADE WOOD AVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Delete
NAME JANNEY, JOHN C.
STREET ADDRESS 1950 YOUTH CAMP RD 563 JADE WOOD AVE
CITY-ST-ZIP GROVELAND FL 34798 ORLANDO FL 32825

TITLE VP ☐ Delete
NAME JANNEY, DAVID A
STREET ADDRESS 1515 ENSENADA DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Dr. A.C. Janney Sr.

44-3206

107 158 1511