2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# 746371

Entity Name: TOM EDWARDS EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

226 MAYAN TERRACE
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

226 MAYAN TERRACE
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-1874087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, THOMAS G
226 MAYAN TERRACE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	EDWARDS, THOMAS G,	
Address:	226 MAYAN TERRACE	
City-St-Zip:	ST AUGUSTINE, FL	
Title:	D	( ) Delete
Name:	SCHWARTZ, KATHLEEN,	
Address:	721 SACO CT.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	PARKER, FRED	
Address:	1661 CR 18 S	
City-St-Zip:	ELKTON, FL 32033	
Title:	D	( ) Delete
Name:	SCHWARTZ, JAMES,	
Address:	721 SACO CT.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	VPS	( ) Delete
Name:	EDWARDS, PAMELA P,	
Address:	226 MAYAN TERRACE	
City-St-Zip:	ST AUGUSTINE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: THOMAS G. EDWARDS PT 01/06/2006

Electronic Signature of Signing Officer or Director — Date