

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90410 043 ****61.25

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02272006 Chg-NP CR2E037 (11/05)

DOCUMENT # 748826 1. Entity Name THE PREACHING OF THE CROSS, INC.					
Principal Place of Business 701 WOODLEY AVE. EDGEWATER, FL 32132			Mailing Address P.O. BOX 866 EDGEWATER, FL 32132-1707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1977709	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRANNON, MARK 3215 SABAL PALM EDGEWATER, FL 32132				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 <u><i>Mark Brannon</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
TITLE	P <input type="checkbox"/> Delete				
NAME	TODD, FUHRMANN				
STREET ADDRESS	117 WILKINSON AVE				
CITY-ST-ZIP	EDGEWATER, FL 32132				
TITLE	V <input type="checkbox"/> Delete				
NAME	PORTA, SCOTT				
STREET ADDRESS	211 DALE AVE				
CITY-ST-ZIP	EDGEWATER, FL 32132				
TITLE	S <input checked="" type="checkbox"/> Delete				
NAME	BRANNON, JEAN				
STREET ADDRESS	3215 SABAL PALM				
CITY-ST-ZIP	EDGEWATER, FL 32141				
TITLE	T <input type="checkbox"/> Delete				
NAME	PORTA, JENNIFER				
STREET ADDRESS	211 DALE AVE				
CITY-ST-ZIP	EDGEWATER, FL 32132				
TITLE	D <input type="checkbox"/> Delete				
NAME	JONES, CAREN				
STREET ADDRESS	2620 PINE TREE DR				
CITY-ST-ZIP	EDGEWATER, FL 32141				
TITLE	D <input type="checkbox"/> Delete				
NAME	BETHEA, DAVID				
STREET ADDRESS	1418 NEEDLE PALM DR				
CITY-ST-ZIP	EDGEWATER, FL 32132				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	S Tamera Fuhrmann				
STREET ADDRESS	117 Wilkinson Ave				
CITY-ST-ZIP	Edgewater, FL 32132				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	D Jennifer Porta				
STREET ADDRESS	200 DALE ST.				
CITY-ST-ZIP	Edgewater, FL 32132				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	T JONES, CAREN				
STREET ADDRESS	2620 Pine Tree Dr.				
CITY-ST-ZIP	Edgewater, FL 32141				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Caren Jones</i></u> Caren Jones <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2-27-06				Daytime Phone # (386) 334-2603	