


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 752917 1. Entity Name REALITY MINISTRIES, INC. |  |
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| Principal Place of Business 1942 ST RD 66 E ZOLFO SPRINGS, FL 33890 US | Mailing Address P.O. BOX 1726 ZOLFO SPRINGS, FL 33890 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04072006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2013143 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

JOHNSON, JAMES RANDALL
1942 ST RD 66 E.
ZOLFO SPRINGS, FL 33890

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

**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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JOHNSON, BETTY J 1942 ST RD 66 E ZOLFO SPRINGS, FL 33890 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, JAMES R 1942 ST RD 66 E ZOLFO SPRINGS, FL 33890 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANDERSON, REGINA M 2071 ST RD 66 ZOLFO SPRINGS, FL 33890 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/09/06-80111-008 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: Betty J Johnson STD Date: 4-26-06 Daytime Phone #: 863-735-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR