


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

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90055 026 \*\*\*\*61.25

<b>DOCUMENT # 755775</b>					
1. Entity Name CHRISTIAN PRINCIPLES RESTORED MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business C/O JOSEPH A WEBB 601 S GRANT ST LONGWOOD, FL 32750			Mailing Address C/O JOSEPH A WEBB 601 S GRANT ST LONGWOOD, FL 32750		
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 59-2318997	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEBB, JOSEPH A 601 S GRANT ST LONGWOOD, FL 32750			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 <i>Rev. Joseph A. Webb</i>		Signature, typed or printed name of registered agent and title if applicable.		Rev. Joseph A. Webb	
				DATE 02/14/06	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, JOSEPH A		NAME		
STREET ADDRESS	601 S GRANT ST		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL,		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, PATRICIA L		NAME		
STREET ADDRESS	601 S GRANT ST		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Vice-President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JODI L		NAME		
STREET ADDRESS	521 BURTON LANE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ed Ware	
STREET ADDRESS			STREET ADDRESS	601 S. Grant St.	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Cindy Wilson	
STREET ADDRESS			STREET ADDRESS	601 S. Grant St.	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Rev. Joseph A. Webb</i>		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Rev. Joseph A. Webb	
				DATE 02/14/06	

407-834-5233