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

Mar 03, 2006 8:00 am Secretary of State **DOCUMENT # 760221** 1. Entity Name 03-03-2006 90122 036 ****61.25 BYWAYS AND HEDGES MINISTRIES-AT-LARGE, INC. Principal Place of Business Mailing Address 2600 EAST 8TH AVENUE 2600 EAST 8TH AVENUE HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2142291 Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANTON, KELLY E JR Street Address (P.O. Box Number is Not Acceptable) 8425 MENTEITH TERRACE MIAMI LAKES FL 33016 City 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 reinstating) DATE 是是是代表的情况是不是不是 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLANTON, JACQUELINE T NAME NAME 8425 MENTEITH TERRACE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP HIALEAH FL CITY-ST-ZIP ۷Ŋ TITLE ☐ Delete TITLE ☐ Change Addition COUNCIL, JOE ED (MRS.) NAME 271 QUMQUAT RD NE STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-7IP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ■ Addition Cooper City FC 33 NAME BLANTON, THOMAS K STREET ADDRESS 1660.SW-72ND-AVE:--STREET ADDRESS CITY-ST-7IP PL'ANTATION FL' CITY-ST-ZIP FD TITLE □ Delete TITLE Addition NAME BLANTON, KELLY E JR NAME 8425 MENTEITH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED