2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 760423

1. Entity Name
DON NORMAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
GENEVA SPRINGS CONDOMINIUMS 651 SE 28TH ST #12 MELROSE, FL 32666 US	P.O. BOX 813 MELROSE, FL 32666 US

02032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2159630
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAND, DONALD O
GENEVA SPRINGS CONDOMINIUMS
651 SE 28TH STREET #12
MELROSE, FL 32666

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 reinstating)

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

TITLE	PD
NAME	NORMAND, DONALD O
STREET ADDRESS	GENEVA SPR. CO. 651 SE 28TH ST., #12
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VD
NAME	NORMAND, MICHAEL J.
STREET ADDRESS	209 SPRINGVIEW CT.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	STD
NAME	NORMAND, CYNTHIA B.
STREET ADDRESS	GENEVA SPR. CO, 651 SE 28TH ST., #12
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	D
NAME	WILLIAMS, DESERE J
STREET ADDRESS	1435 LAKE MIST LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	RICHMOND, FRANK G.
STREET ADDRESS	4225 NW 36TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000422497
02/17/06-80018-018 70.00

DO NOT WRITE IN THIS SPACE

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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/04/06 (352)475 1847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #