


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 763473
 1. Entity Name
 THE ASSOCIATION OF MENNONITE MINISTRIES, INC.



Principal Place of Business
 30695 SW 162 AVE.
 MIAMI, FL 33033

Mailing Address
 30695 SW 162 AVE.
 MIAMI, FL 33033

DO NOT WRITE IN THIS SPACE



02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2252625

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HESS, DICK
 32125 SW 200 CT
 HOMESTEAD, FL 33030

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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 NAME STREET ADDRESS CITY - ST - ZIP | CD GOERTZ, CHARLES 966 S. BLUEBIRD LN. HOMESTEAD, FL 33035 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD HESS, DICK 32125 SW 200 CT. HOMESTEAD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BALZEY, GLENN 3125 FRANKLIN DENVER, CO 80205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000549781
 05/13/06-80015-020 61.25

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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: Dick Hess Dick Hess 205 248-1659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #