

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 767930 1. Entity Name ROY HARTHERN MINISTRIES, INC.	
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Principal Place of Business 1626 MAJESTIC OAK DRIVE APOPKA, FL 32712	Mailing Address 1626 MAJESTIC OAK DRIVE APOPKA, FL 32712
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04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2972278	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARTHERN, ROY 1626 MAJESTIC OAK DRIVE APOPKA, FL 32712
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000495167
04/20/06-80074-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTHERN, ROY 1626 MAJESTIC OAK DRIVE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTHERN, PAULINE 1626 MAJESTIC OAK DRIVE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREIFFENDORF, C.W. 411 HACIENDA VILLAGE WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANERS, DOUG 1054 ACADEMY DRIVE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, WILLIAM DR. 3878 N LAKE ORLANDO PKWY ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:

Ray Harthern, President

4-4-06 4072724857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #