2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # F00000000057 01-17-2006 90264 049 ****70.00 ROGER DAVIS MINISTRIES INC. Mailing Address Principal Place of Business 1327 CRYSTAL GREENS SUN CITY CENTER, FL 33573 1327 CRYSTAL GREENS SUN CITY CENTRER, FL 33573 2. Principal Place of Business 1903 FEBBLE BEACH DLVD.Sq. 3. Mailing Address 1903 EBBLE BEACH BLVD So. Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 41-1371852 Applied For FL Sun City Centra SUN CIT CENTER Not Applicable Chintry Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 33573 HILLSBORD AILLS BOBO Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS ROGER A DAVIS, ROGER A Street Address (P.O. Box Number is Not Acceptable) 1327 CRYSTAL GREENS DR SUN CITY CENTER, FL 33573 SUN CITY CTR 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE Delete TITLE ☐ Addition DAVIS, ROGER A 1903 PEBBLE BEACH BLVD SO DAVIS, ROGER A NAME NAME 1327 CRYSTAL GREENS DR STREET ADDRESS STREET ADDRESS SUN CITY LTR. FLA 33573 CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DAVIS, CAROL A NAME MAME 1929 S. PEBBLE BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUN CITY CENTER, FL 33573 Delete TITLE me ☐ Change ☐ Addition SLEZAK, RANDY NAME 1156 FALLS CURVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHASKA, MN 55318 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Addition TITLE ☐ Delete Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 the 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 10628 AVIS 813 633 9342

FILED

Jan 17, 2006 8:00 am