

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000103

FILED
Apr 30, 2006
Secretary of State

Entity Name: MICHAEL ROWAN MINISTRIES, INC.

Current Principal Place of Business:

1089 BLACK WALNUT TRAIL
PENSACOLA, FL 32514

New Principal Place of Business:

6308 BEAVER CREEK ROAD
OKLAHOMA CITY, OK 73162

Current Mailing Address:

1089 BLACK WALNUT TRAIL
PENSACOLA, FL 32514

New Mailing Address:

6308 BEAVER CREEK ROAD
OKLAHOMA CITY, OK 73162

FEI Number: 71-0833639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWAN, MICHAEL C
1089 BLACK WALNUT TRAIL
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ROWAN, MICHAEL C
Address: 1089 BLACK WALNUT TRAIL
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: HECKARD, CAROLE
Address: 6308 BEAVER CREEK ROAD
City-St-Zip: OKC, OK 73162

Title: D () Delete
Name: CALDWELL, RANDY
Address: 307 OAK CREEK COURT
City-St-Zip: LEAGUE CITY, TX 77573

Title: ST () Delete
Name: ROWAN, HOLLY
Address: 1089 BLACK WALNUT TRAIL
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: RHOADS, RONALD
Address: 1608 MATTERHORN
City-St-Zip: LEWISVILLE, TX 75077

Title: D () Delete
Name: CLARK, RANDY
Address: 1407 S. HIGHWAY 69
City-St-Zip: NEDERLAND, TX 77627

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: ROWAN, MICHAEL C
Address: 1516 ADAMS DRIVE
City-St-Zip: CARROLLTON, TX 75010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ROWAN, HOLLY
Address: 1516 ADAMS DRIVE
City-St-Zip: CARROLLTON, TX 75010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY ROWAN

ST

04/30/2006

Electronic Signature of Signing Officer or Director

Date