2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004428

FILED Jan 23, 2006 Secretary of State

Entity Name: INTERNATIONAL MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5201 W. HOMOSASSA TRAIL 5201 W. HOMOSASSA TRAIL LECANTO, FL 34461 LECANTO, FL 34461 **Current Mailing Address: New Mailing Address:** 5201 W. HOMOSASS TRAIL 5201 W. HOMOSASS TRAIL LECANTO, FL 34461 LECANTO, FL 34461 US FEI Number: 74-6051852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TODD, PAUL W 8161 W. BARRY CT. HOMOSASSA, FL 34446 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BENSON, KENNETH R REV. DUDLEY, GEORGE A REV. Name: Name: 14617 MEADOWWOOD DR Address: 11800 VINY RIDGE RD Address: City-St-Zip: SAVAGE, MN 55378 City-St-Zip: ALEXANDER, AR 72002 US Title: () Delete Title: () Change () Addition SMITH, DON R REV. Name: Name: Address: 2567 E. APPALOOSA DR Address: City-St-Zip: VINCENNES, IN 47591 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRASEL, FRANK Name: THOMPSON, PHILLIP REV. Name: E3443 APPLE TREE LN Address: P.O. BOX 1423 Address: City-St-Zip: VICTORVILLE, CA 923931423 City-St-Zip: WAUPACA, WI 54981 US Title: () Delete Title: (X) Change () Addition AMUNDSON, VIRGIL W REV. Name: AMUNDSON, VIRGIL W Name: 293 HIGHWAY 63 S. 293 HIGHWAY 63 S. Address: Address: City-St-Zip: SHELL LAKE, WI 54871 City-St-Zip: SHELL LAKE, WI 54871 US Title: () Delete Title: () Change () Addition COOK, DAVID W REV. Name: Name: 2369 BENRUS BLVD. Address: Address: City-St-Zip: SAN ANTONIO, TX 78228 City-St-Zip: Title: () Delete Title: () Change () Addition WARNER, TIMOTHY L DR. Name: Name: Address: 10293 S. MICHIGAN AVE Address: HAYWARD, WI 54843 City-St-Zip: 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: PAUL W. TODD D 01/23/2006