



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006147	
1. Entity Name KEY MINISTRIES, INC.	

Principal Place of Business 9339 WOODRUN RD. PENSACOLA, FL 32514	Mailing Address P.O. BOX 10357 PENSACOLA, FL 32524
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DO NOT WRITE IN THIS SPACE



07112006 No Chg-NP CR2E037 (4/06)

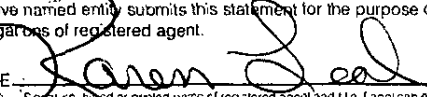
4. FEI Number 73-1421404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEAL, KEVIN A
9339 WOODRUN RD.
PENSACOLA, FL 32514**

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:  DATE: _____

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

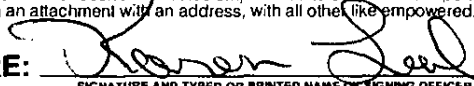
Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000571222 07/19/06-80008-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC LEAL, KEVIN A 9339 WOODRUN RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEAL, KAREN A 9339 WOODRUN RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, GORDON T 3123 E. 66TH PLACE TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, GARY 11754 S. CANTON TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pd By CK # 4699