2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# F94000002629

Entity Name: PROCLAIM! INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

3581 CARDINAL POINT DR
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 56888
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 93-0799236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWERS, JOHN
2911 SCOTT MILL LANE
JACKSONVILLE, FL 32223 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: PD ( ) Delete
Name: BOWERS, JOHN
Address: 2911 SCOTT MILL LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete
Name: CLARK, CHRISTINE
Address: 5386 TULANE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: ROGERS, CHARLES
Address: 9627 WEXFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: CD ( ) Delete
Name: STRATHMANN, DAVE
Address: 11374 TACITO CREEK DR S
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN BOWERS PD 02/02/2006

Electronic Signature of Signing Officer or Director — Date