2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-04-2006 90018 011 ****61.25

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1. Entity Name

LEROY JENKINS EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8130 VIA DE NEGOCIO 2ND FLOOR SCOTTSDALE AZ 85258	P.O. BOX 32900 SCOTTSDALE AZ 85261

2nd MOORE CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
8130 VIA DE NEGOCIO	P.O. Box 4270
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State SCOTTSDALE	City & State SCOTTSDALE
Zip AZ Country 85261	Zip Az. Country 85261

4. FEI Number 59-1023985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINE, DAVID REV. 2956 HIGHWAY 27 SOUTH LAKE WALES FL 33850	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25
Due By September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP JENKINS, LEROY ~~9639 N 32ND ST~~ P.O. Box 4270 ~~PHOENIX AZ 85028~~ SCOTTSDALE Az 85261 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ALLEN, MARY ~~4836 RT 261~~ 7810 N. HAYDEN RD APT H205 ~~DELAWARE OH 43015~~ SCOTTSDALE AZ 85258 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BUCKINGHAM, JUNE M 8311 VIA DE VENTURA, APT 1099 SCOTTSDALE AZ 85258 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JENKINS, DENNIS 28404 N 148TH ST SCOTTSDALE AZ 85262 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jene M. Buckingham, Secy 8/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #