2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2006
Secretary of State

DOCUMENT# F96000005233

Entity Name: MESSIANIC ISRAEL MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 700217
ST. CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700217
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 25-1418897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOTTEN, ANGUS E
176 HARWOOD CIRCLE
KISSIMMEE, FL 34744 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: CPTD ( ) Delete
Name: WOOTTEN, ANGUS E
Address: 176 HARWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: CVSD ( ) Delete
Name: WOOTTEN, BATYA R
Address: 176 HARWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: BAUMGRATZ, TRACI W
Address: 61 NASSAU AV5
City-St-Zip: MALVERNE, NY 11565

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BAUMGRATZ, TRACI W
Address: 33 BALIS DRIVE
City-St-Zip: KINGS PARK, NY 11754

Title: D ( ) Change (X) Addition
Name: HARRIS, HALE
Address: 23 PARKDALE COURT
City-St-Zip: FORT SMITH, MT 59035

Title: D ( ) Change (X) Addition
Name: DIFFENDERFER, SCOTT
Address: 361 KENNYS BEND LANE
City-St-Zip: CARTHAGE, TN 37030

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: ANGUS E. WOOTTEN CPTD 07/04/2006

Electronic Signature of Signing Officer or Director — Date