

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003610

FILED
Apr 08, 2006
Secretary of State

Entity Name: BE-LOVED MINISTRY, CORP.

Current Principal Place of Business:

3631 CARRIAGE GATE DR
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

PO BOX 120309
MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 95-4187781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, BARBARA A
3631 CARRIAGE GATE DR
MELBOURNE, FL 32904 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: P () Delete
Name: RYAN, BARBARA A
Address: 3631 CARRIAGE GATE DR
City-St-Zip: MELBOURNE, FL 32904

Title: V () Delete
Name: RYAN, TIMOTHY M
Address: 3631 CARRIAGE GATE DR
City-St-Zip: MELBOURNE, FL 32904

Title: T () Delete
Name: WEBER, CHARLES DR.
Address: 4422 OAK PLACE DR.
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: D () Delete
Name: WALKER, MISS MARILEE
Address: 3709 LAUREL CANYON
City-St-Zip: STUDIO CITY, CA 91604

Title: S () Delete
Name: WILLIAMSON, JAN
Address: 4303 ADAMS AVE
City-St-Zip: BELLINGHAM, WA 98226

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: BARBARA RYAN

PRES

04/08/2006

Electronic Signature of Signing Officer or Director

Date