2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006
Secretary of State

DOCUMENT# L05000089819

Entity Name: MICHAEL POUPARD MINISTRIES LLC

Current Principal Place of Business:

2604 S. OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

2604 S. OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3388847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POUPARD, MICHAEL
2604 S. OLIVE AVENUE
WEST PALM BEACH, FL 33401 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	POUPARD, MICHAEL	
Address:	2604 S. OLIVE AVENUE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGR	( ) Delete
Name:	KENFIELD, CHARLES	
Address:	1139A SUMMIT TRAIL CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	MGR	( ) Delete
Name:	KELLY, LARRY A	
Address:	4387 WILLOW POND ROAD, UNIT D	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	MGR	( ) Delete
Name:	KELLY, DIANE L	
Address:	4387 WILLOW POND ROAD, UNIT D	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	MGR	( ) Delete
Name:	LINDHAL, DENISE	
Address:	1438 SW BUCKSKIN TRAIL	
City-St-Zip:	STUART, FL 34997	
Title:	MGR	( ) Delete
Name:	POUPARD, DALE	
Address:	8564 DOVERBROOK DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES:

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:	
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL POUPARD MGRM 09/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date