

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089819

FILED
Sep 01, 2006
Secretary of State

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