

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001015

FILED  
May 02, 2006  
Secretary of State

Entity Name: LINDA DAVIS WILLIAMS MINISTRY, INC.

## Current Principal Place of Business:

8098 JUNIPER ROAD  
OCALA, FL 34480

## New Principal Place of Business:

6315 S. MAGNOLIA AVE  
OCALA, FL 34471

## Current Mailing Address:

8098 JUNIPER ROAD  
OCALA, FL 34480

## New Mailing Address:

6315 S. MAGNOLIA AVE  
OCALA, FL 34474

FEI Number: 59-3624614      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:

WILLIAMS, LINDA D  
8098 JUNIPER ROAD  
OCALA, FL 34480      US

## Name and Address of New Registered Agent:

WILLIAMS, LINDA D  
6315 S. MAGNOLIA AVE  
OCALA, FL 34474      US

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: LINDA D. WILLIAMS

05/02/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: WILLIAMS, LINDA D  
Address: 8098 JUNIPER ROAD  
City-St-Zip: Ocala, FL 34480

Title: SD      ( ) Delete  
Name: BROWN, MAXINE  
Address: 8098 JUNIPER ROAD  
City-St-Zip: Ocala, FL 34480

Title: TD      ( ) Delete  
Name: WILLIAMS, CORY  
Address: 14345 E 41ST TERRACE  
City-St-Zip: SUMMERFIELD, FL 34491

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: WILLIAMS, LINDA D  
Address: 6315 S. MAGNOLIA AVE  
City-St-Zip: Ocala, FL 34474

Title: SD      (X) Change ( ) Addition  
Name: BROWN, MAXINE  
Address: 6315 S. MAGNOLIA AVE  
City-St-Zip: Ocala, FL 34474

Title: TD      (X) Change ( ) Addition  
Name: WILLIAMS, CORY  
Address: 1111 PAMELA STREET  
City-St-Zip: LEESBURG, FL 34748

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: MAXINE Y. BROWN

SD

05/02/2006

Electronic Signature of Signing Officer or Director

Date