

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001460

FILED  
Jan 29, 2006  
Secretary of State

Entity Name: MAJESTIC MINISTRIES, INC.

## Current Principal Place of Business:

6100 DOGWOOD DR.  
MILTON, FL 32570

## New Principal Place of Business:

## Current Mailing Address:

6100 DOGWOOD DR.  
MILTON, FL 32570

## New Mailing Address:

FEI Number: 59-3628991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REVILL, BRENDA F  
6871 CEDAR RIDGE CIRCLE  
MILTON, FL 32570 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: REVILL, BRENDA F  
Address: 6871 CEDAR RIDGE CIRCLE  
City-St-Zip: MILTON, FL 32570

Title: C ( ) Delete  
Name: REVILL, CHARLES R  
Address: 6871 CEDAR RIDGE CIRCLE  
City-St-Zip: MILTON, FL 32570

Title: V ( ) Delete  
Name: ATTAWAY, LENA  
Address: P.O. BOX 232  
City-St-Zip: BAGDAD, FL 32530

Title: ST ( ) Delete  
Name: NELSON, NICOLE  
Address: 9148 ALTON COURT  
City-St-Zip: MILTON, FL 32583

Title: T ( ) Delete  
Name: EVANS, SCOTT  
Address: 6631 RIDGE CREST DR.  
City-St-Zip: MILTON, FL 32570

Title: T ( ) Delete  
Name: MATHIS, PAM  
Address: 14234 HWY 87 N.  
City-St-Zip: MILTON, FL 32565

## 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:

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: BRENDA F. REVILL

P

01/29/2006

Electronic Signature of Signing Officer or Director

Date