

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002122**

1. Entity Name  
**BECKY COMBEE MINISTRIES, INC.**



Principal Place of Business  
**3020 HARDIN COMBEE ROAD  
 LAKELAND, FL 33801**

Mailing Address  
**P.O. BOX 3283  
 LAKELAND, FL 33802-3283**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3647341** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**COMBEE, REBECCA H  
 3020 HARDIN COMBEE ROAD  
 LAKELAND, FL 33801**

**DO NOT WRITE  
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COMBEE, REBECCA H P.O. BOX 3283 LAKELAND, FL 338023283
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COMBEE, C. WAYNE P.O. BOX 3283 LAKELAND, FL 328023283
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, EVANGELYN F 1140 E. GEORGE STREET BARTOW, FL 338307415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, JOHN M 1825 MEADOWBROOK AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAGANA, JACQUELINE 1635 LAGOON PLACE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000389531  
 01/20/06-80052-010 61.25

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rebecca H. Combee, President* **1-9-05 863-605-8815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Line Phone #