2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# N00000004715

Entity Name: QCF MINISTRIES, INC.

Current Principal Place of Business:

3272 NIGHT BREEZE LN
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

3272 NIGHT BREEZE LN
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3656888 **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:

FAISON, QUINTIN C
3272 NIGHT BREEZE LN
LAKE MARY, FL 32746 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:	PD	( ) Delete
Name:	FAISON, QUINTIN C	
Address:	3272 NIGHT BREEZE LN	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	FAISON, JONI C	
Address:	3272 NIGHT BREEZE LN	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	WILSON, LEONARD J	
Address:	1612 W. 8TH STREET	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	HUDSON, TIMOTHY	
Address:	2809 GROVE DRIVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	TUCKER, JANET B	
Address:	1772 N. MERRICK DRIVE	
City-St-Zip:	DELTONA, FL 32728	

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:	

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: QUINTIN FAISON PD 06/01/2006

Electronic Signature of Signing Officer or Director — Date