


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N00000005117	
1. Entity Name BLESSING AND GLORY MINISTRIES, INTERNATIONAL, INC.	

Principal Place of Business 4332 BURTONWOOD DR PENSACOLA, FL 32514	Mailing Address 4332 BURTONWOOD DR PENSACOLA, FL 32514
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03182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDREN, INGRID L 4332 BURTONWOOD DR PENSACOLA, FL 32514
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**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 _____ [NOTE: Registered Agent signature required when reinstating] _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

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

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

1000000477735
04/06/06-80063-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREN, INGRID L 4332 BURTONWOOD DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ECHTERLING, WILLIAM M REV. 222 5TH ST CHICKASAW, AL 36611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECHTERLING, DENISE 222 5TH ST CHICKASAW, AL 36611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06 850-415-5791
Date Daytime Phone #