

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006123

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: N. DUANE ARNOLD MINISTRIES, INC.

## Current Principal Place of Business:

4975 A 91ST AVE. N  
PINELLAS PARK, FL 33782

## New Principal Place of Business:

4965 91ST AVE. N  
A  
PINELLAS PARK, FL 33782

## Current Mailing Address:

PO BOX 918  
PINELLAS PARK, FL 33780

## New Mailing Address:

FEI Number: 59-3671028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNOLD, N. DUANE  
4975 A 91ST AVE. N  
PINELLAS PARK, FL 33782 US

## Name and Address of New Registered Agent:

ARNOLD, N. DUANE DR  
4965 91ST AVE. N  
A  
PINELLAS PARK, FL 33782 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: DR N DUANE ARNOLD

04/30/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ARNOLD, DARIUS D  
Address: 4975 A 91ST AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD ( ) Delete  
Name: ARNOLD, N. DUANE  
Address: 4975 A 91ST AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33782

Title: SD ( ) Delete  
Name: DEGREGORIO, BETTY C  
Address: 5450 GLEN IVY PLACE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD ( ) Delete  
Name: HEATON, LORA M  
Address: 4975 A 91ST AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33782

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARNOLD, N. DUANE DR  
Address: 4965 A 91ST AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD (X) Change ( ) Addition  
Name: ARNOLD, DARIUS D  
Address: 11239 OYSTER BAY CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD (X) Change ( ) Addition  
Name: DEGREGORIO, BETTY C  
Address: 4255 CHESTNUT WALK  
City-St-Zip: MARIETTA, GA 30066

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: DR N DUANE ARNOLD

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date