

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006515

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** ONE IN THE SPIRIT MINISTRIES INC.

**Current Principal Place of Business:**

2889 NW 14 CT  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 15171  
PLANTATION, FL 333185171 US

**New Mailing Address:**

P. O. BOX 70081  
OAKLAND PARK, FL 33307 US

**FEI Number:** 65-1042279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDERSON, VICKIE  
1820 N W 33RD AVENUE  
FORT LAUDERDALE, FL 33311 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: HENDERSON, VICKIE  
Address: 1820 NW 33RD AVE  
City-St-Zip: FORT LAUDERDALE, FL

Title: AVP ( ) Delete  
Name: LITTLE, SHERRY  
Address: 1820 NW 33RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD ( ) Delete  
Name: ROYSTER, ANDREA  
Address: 1810 NW 35TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HENDERSON, VICKIE  
Address: 1820 NW 33RD AVE  
City-St-Zip: FORT LAUDERDALE, FL

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: SHERRY LITTLE

AVP

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date