

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90148 016 \*\*\*\*61.25

DOCUMENT # N00000006627

1. Entity Name

CURTIS AND DORIS MOCK MINISTRIES, INC.



Principal Place of Business

7000 20TH ST. 7946 SE VILLA CIR.  
#874 Hobe Sound, FL  
VERO BEACH FL 32966  
FI 33455

Mailing Address

7000 20TH ST. 7946 SE VILLA CIR  
#874 Hobe Sound, FL  
VERO BEACH FL 32966  
FI 33455



2. Principal Place of Business

7000 20TH ST. #874  
Suite, Apt. #, etc. Hobe Sound, FL  
VERO BEACH, FL 32966  
City & State

3. Mailing Address

7946 SE VILLA Circle  
Suite, Apt. #, etc.  
City & State Hobe Sound, FL  
Zip 33455 Country MARTIN

1st MOORE CR2E037 (10/05)

4. FEI Number

65-1078208

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, BELINDA  
6020 SE 138TH ST  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-designating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                 |                                          |                                 |
|-----------------|------------------------------------------|---------------------------------|
| TITLE           | D                                        | <input type="checkbox"/> Delete |
| NAME            | MOCK, CURTIS                             |                                 |
| STREET ADDRESS  | 7000 20TH ST. #874 7946 SE VILLA CIR.    |                                 |
| CITY - ST - ZIP | VERO BEACH FL 32966 Hobe Sound, FL 33455 |                                 |
| TITLE           | D                                        | <input type="checkbox"/> Delete |
| NAME            | MOCK, DORIS                              |                                 |
| STREET ADDRESS  | 7000 20TH ST. #874 7946 SE VILLA Circle  |                                 |
| CITY - ST - ZIP | VERO BEACH FL 32966 Hobe Sound, FL 33455 |                                 |
| TITLE           | D                                        | <input type="checkbox"/> Delete |
| NAME            | DAVIS, BELINDA                           |                                 |
| STREET ADDRESS  | 6220 SE 138TH ST                         |                                 |
| CITY - ST - ZIP | HOBE SOUND FL 33455                      |                                 |
| TITLE           | D                                        | <input type="checkbox"/> Delete |
| NAME            | SIMPSON, MARK                            |                                 |
| STREET ADDRESS  | 6010 SE 138TH STREET                     |                                 |
| CITY - ST - ZIP | HOBE SOUND FL 33455                      |                                 |
| TITLE           | D                                        | <input type="checkbox"/> Delete |
| NAME            | SIMPSON, LISA                            |                                 |
| STREET ADDRESS  | 6010 SE 138TH STREET                     |                                 |
| CITY - ST - ZIP | HOBE SOUND FL 33455                      |                                 |
| TITLE           | D                                        | <input type="checkbox"/> Delete |
| NAME            | DAVIS, JIM                               |                                 |
| STREET ADDRESS  | 6020 SE 138TH ST                         |                                 |
| CITY - ST - ZIP | HOBE SOUND FL 33455                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |                       |                                                                   |
|-----------------|-----------------------|-------------------------------------------------------------------|
| TITLE           | D                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Curtis R. Mock, Jr.   |                                                                   |
| STREET ADDRESS  | 581 SE Ashley Oak Way |                                                                   |
| CITY - ST - ZIP | STUART, FL 34997      |                                                                   |
| TITLE           | ED CAMPANY            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | "D"                   |                                                                   |
| STREET ADDRESS  | 801 SAN ANTONIO DR.   |                                                                   |
| CITY - ST - ZIP | Palm City, FL 32585   |                                                                   |
| TITLE           | DEBRA CAMPANY         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | "D"                   |                                                                   |
| STREET ADDRESS  | 801 SAN ANTONIO DR.   |                                                                   |
| CITY - ST - ZIP | Palm City, FL 32585   |                                                                   |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                       |                                                                   |
| STREET ADDRESS  |                       |                                                                   |
| CITY - ST - ZIP |                       |                                                                   |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                       |                                                                   |
| STREET ADDRESS  |                       |                                                                   |
| CITY - ST - ZIP |                       |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Curtis R. Mock, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06  
DATE

DAYTIME PHONE #