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

Feb 06, 2006 8:00 am DOCUMENT # N0000006655 **Secretary of State** 1. Entity Name 02-06-2006 90076 017 ****61.25 HEALTH UNLIMITED MINISTRIES, INC. Mailing Address Principal Place of Business 4111 W. IOWA AVE. TAMPA FL 33616 4111 W. IOWA AVE. TAMPA FL 33616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3678448 Not Applicable Zip ----Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNCAI, MARTHA Street Address (P.O. Box Number is Not Acceptable) 11731 N 15TH STREET **TAMPA FL 33612** City 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 (NOTE: Registered Agent signature required when reinstativig) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ■ Addition SOTO, EDWIN NAME NAME 4111 W. IOWA AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33616** CITY-ST-7IP CITY-ST-7/P Addition 🗶 TITLE TITLE Soto, EDWIN BLASI, THOMAS V NAME NAME 4111 W. IOWA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33616-1110 CITY-ST-ZIP ☐ Delete ☐ Addition NAME BLAS, GRAVE M NAME 1235 E. HARTBORO ST. STREET ADDRESS STREET ADDRESS CITY-ST-789 HERNANDO FL 34442 CITY-ST-ZIP ☐ Delete TITLE TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

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12. Thereby certify that the information supplied with this tiling 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 titue 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 attention with an address, with all pitter like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: // ary have of Ph.D - MAKIEGIACE STO, Ph.D 1 24/16 813.83