


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007188 1. Entity Name DYING TO LIVE IN CHRIST MINISTRIES, INC.	
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Principal Place of Business 3870 NW 6TH WAY FORT LAUDERDALE, FL 33319	Mailing Address P.O.BOX 190114 FORT LAUDERDALE, FL 33319
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04232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1078994	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 DEWBERRY, DONNA ESQ. 3870 NW 67TH WAY FORT LAUDERDALE, FL 33319
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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEWBERRY, WILLIAM H JR 3870 NW 6TH WAY FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DEWBERRY, DONNA T 3870 NW 67TH WAY FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SURRANCY, RACHELLE T 12773 SW 204TH LANE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000534693
05/08/06-80020-025 61.25

**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

Date

Daytime Phone #

Donna T. Deberry 04/23/06 (954) 485-6308