

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

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000007485**

1. Entity Name

R.W. MCGHEE MINISTRIES, INC.



Principal Place of Business  
619 S. CAROLINA AVE.  
COCOA FL 32922

Mailing Address  
P. O. BOX 962  
COCOA FL 32923



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-3684900

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGHEE, RANDOLPH W  
619 S. CAROLINA AVE.  
COCOA FL 32922

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: September 6, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPD  
MCGHEE, RANDOLPH W  
619 S CAROLINA AVE  
COCOA FL 32922 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VDS  
MCGHEE, TYREEL  
619 S CAROLINA AVE  
COCOA FL 32922 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MCGHEE, SARAH D  
619 S CAROLINA AVE  
COCOA FL 32922 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
DAVIS, TRACY E  
619 S CAROLINA AVE  
COCOA FL 32922 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
BERRY, LASHAUNDRA D  
7700 GREENBORO DR., APT 5  
MELBOURNE FL 32904-1407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000571182  
07/19/06-80005-003 70.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** Randolph W. McGhee RANDOLPH W. MCGHEE

7-18-06

321-639 9709