2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008487

Entity Name: ALPHA MINISTRIES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

103 NW 5TH STREET 11655 HWY 441 SE

OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34974

Current Mailing Address: New Mailing Address:

103 NW 5TH STREET 11655 HWY 441 SE

OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34974

FEI Number: 65-1064843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. GLENN, JOHN C PASTOR 343 ALMERIA AVENUE 11655 HWY 441 SE

CORAL GABLES, FL 33134 US OKEECHOBEE, FL 34974 US

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: JOHN C. GLENN 04/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 GLENN, JOHN C
 Name:
 GLENN, JOHN C

 Address:
 103 NW 5TH STREET
 Address:
 11655 HWY 441 SE

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:
 OKEECHOBEE, FL 34974

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SWEATT, GEORGE L
 Name:
 SWEATT, GEORGE L

 Address:
 103 NW 5TH STREET
 Address:
 11655 HWY 441 SE

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:
 OKEECHOBEE, FL 34974

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 GARRAMORE, ROGER A
 Name:
 BEAN, EDGAR J

 Address:
 103 NW 5TH STREET
 Address:
 103 NW 5TH STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:
 OKEECHOBEE, FL 34972

 Name:
 BEAN, JOANATHAN
 Name:
 GARRAMORE, ROGER A

 Address:
 103 NW 5TH STREET
 Address:
 11655 HWY 441 SE

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:
 OKEECHOBEE, FL 34974

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: JOHN C. GLENN PD 04/27/2006