


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

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00601 1. Entity Name MCCOLLUM MISSIONARY MINISTRIES, INC.	
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Principal Place of Business 1803 SWANN AVE ORLANDO FL 32809 US		Mailing Address 1803 SWANN AVE ORLANDO FL 32809 US	
2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2551415	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent MERRITT, SHERYL 1803 SWANN AVENUE ORLANDO FL 32809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-issuing) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D MCCOLLUM, LINDA L 1803 SWANN AVE. ORLANDO FL 32809	<input type="checkbox"/>
TITLE	STD MCCOLLUM, JATHAN 1803 SWANN AVENUE ORLANDO FL 32809	<input type="checkbox"/>
TITLE	PD MCCOLLUM, LEE ANNA 1620 NELA AVE ORLANDO FL 32809	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000439249 03/02/06-80015-025 61.25	<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>

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 _____ *Linda L McCollum* _____ *Sheryl Merritt* Feb 20 2006 (407) 855-5591