


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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000574 1. Entity Name EFFECTIVE CHRISTIANITY, INC.	
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Principal Place of Business 9950 CHELSEA LAKE RD. JACKSONVILLE, FL 32256	Mailing Address 9950 CHELSEA LAKE RD. JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3692673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMONIC, NICHOLAS T 9950 CHELSEA LAKE RD. JACKSONVILLE, FL 32256
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMONIC, NICHOLAS T 9950 CHELSEA LAKE RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, ROGER 2780 WINDROCK DR. W JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRICE, ROBERT 409 BLACK OAK BLVD SUMMERVILLE, SC 29485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80043-010 61.25

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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: N.T. Simonic **NT. Simonic** 4/28/06 404 928 1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #