

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001234

FILED
Jul 31, 2006
Secretary of State

Entity Name: GREG SQUIRES MINISTRIES, INC.

Current Principal Place of Business:

P.O BOX 700639
SAINT CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

P.O BOX 700639
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 59-3693034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SQUIRES, GREG
5528 LAKE LIZZIE DRIVE
SAINT CLOUD, FL 34771 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SQUIRES, GREG
Address: P.O BOX 700639
City-St-Zip: SAINT CLOUD, FL 34770

Title: SD () Delete
Name: BANKSON, DOUG
Address: P.O BOX 700639
City-St-Zip: SAINT CLOUD, FL 34770

Title: TD () Delete
Name: GORDON, LARRY
Address: P.O BOX 700639
City-St-Zip: SAINT CLOUD, FL 34770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREG SQUIRES

PD

07/31/2006

Electronic Signature of Signing Officer or Director

Date