

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002991

FILED
Jan 04, 2006
Secretary of State

Entity Name: COMMITTED TO THE CAUSE MINISTRY, INC.

Current Principal Place of Business:

3520 WEST BROWARD BLVD.
KINGSTON BUILDING SUITE 102-104
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

4544 NW 3RD CT.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1134173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, JOHNNIE MAE
4544 NW 3RD CT.
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: HILL, JOHNNIE M
Address: 4544 NW 3RD CT.
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: HARRIS, VEDA
Address: 4577 41ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: PIERCE, WALTER
Address: 2910 NW 25TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: TD () Delete
Name: HARPER, NINA
Address: 712 LONG ISLAND AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: V () Delete
Name: BRYANT, CLINTON
Address: 400 NW 19 STREET
City-St-Zip: POMPANO BEACH, FL

Title: V () Delete
Name: BRYANT, FREDDIE C
Address: 400 NW 19 STREET
City-St-Zip: POMPANO BEACH, FL

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:

Title: () Change () Addition
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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 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: NINA HARPER

TD

01/04/2006

Electronic Signature of Signing Officer or Director

Date