

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY 22 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PS*



<b>DOCUMENT # N01000003016</b> 1. Entity Name <b>GROWING IN FAITH MINISTRIES INC.</b>					
Principal Place of Business <b>1029 NE 9 ST GAINESVILLE, FL 32601</b>			Mailing Address <b>1029 NE 9 ST GAINESVILLE, FL 32601</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>01-0632856</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
<b>\$8.75 Additional Fee Required</b>				05222006 Chg-NP CR2E037 (4/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>THOMAS, BENNY KING</b> <b>1029 NE 9 ST</b> <b>GAINESVILLE, FL 32601</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE <b>05/31/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARKER, LOUIS</b> <b>1029 NE 9 ST</b> <b>GAINESVILLE, FL 32601</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARKER, MIRIAN</b> <b>1029 NE 9 ST</b> <b>GAINESVILLE, FL 32601</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>THOMAS, ANGELA</b> <b>8714 N.E. WALDO RD</b> <b>GAINESVILLE, FL 32609</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>THOMAS, BENNY</b> <b>1029 NE 9TH ST</b> <b>GAINESVILLE, FL 32601</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Ralph FAYSON</b> <b>119 E. OAKSIDE DR.</b> <b>FORSTER LAKE FL 32148</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea <b>Shirley PARKER</b> <b>1030 NE 8th AV</b> <b>GAINESVILLE FL 32601</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					