# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 03, 2006**
**Secretary of State**

DOCUMENT# N01000004766

**Entity Name:** MADONNA OF THE POOR MINISTRY, INC.

**Current Principal Place of Business:**

804 N OLIVE AVE SECOND FL
W PALM BCH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

804 N OLIVE AVE SECOND FL
W PALM BCH, FL 33401 US

**New Mailing Address:**

**FEI Number: 16-1620831** **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:**

ROWE-LINN, PEGGY A MS
804 N OLIVE AVE SECOND FL
W PALM BCH, FL 33401 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: | P | ( ) Delete |
| Name: | PROFETA, SALVATORE FR. | |
| Address: | 500 OAK SHADOW WAY | |
| City-St-Zip: | WELLINGTON, FL 33414 US | |
| Title: | T | ( ) Delete |
| Name: | NOOUGA, DIEUOHNE | |
| Address: | 1782 ABBEY ROAD, APT. 101 | |
| City-St-Zip: | WEST PALM BEACH, FL 33415 US | |
| Title: | S | ( ) Delete |
| Name: | ROWE-LINN, PEGGY A MS | |
| Address: | 804 N. OLIVE AVE., SECOND FLOOR | |
| City-St-Zip: | WEST PALM BEACH, FL 33401 | |
| Title: | D | (X) Delete |
| Name: | HORNER, ALAN A MR | |
| Address: | 13956-A FOLKSTONE CIRCLE | |
| City-St-Zip: | WELLINGTON, FL 33414 US | |
| Title: | D | ( ) Delete |
| Name: | ASBECK, JOSEPH MR. | |
| Address: | 252 PLEASANT WOOD DRIVE | |
| City-St-Zip: | WEST PALM BEACH, FL 33414 US | |
| Title: | VP | ( ) Delete |
| Name: | MADONNA, GREGORY MR. | |
| Address: | 1330 SUGAR PLUM DRIVE | |
| City-St-Zip: | BOCA RATON, FL 33486 US | |

**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 |
| 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: PEGGY ROWE-LINN MS. 07/03/2006
Electronic Signature of Signing Officer or Director — Date