

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90066 019 \*\*\*\*61.25

00012108



<b>DOCUMENT # N01000005528</b> 1. Entity Name <b>THE MINISTRY CENTER, INC.</b>					
Principal Place of Business <b>770 CR 29 LAKE PLACID, FL 33852</b>			Mailing Address <b>PO BOX 1585 LAKE PLACID, FL 33862-1585</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0584946</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WELLS, LAWRENCE B SR 2015 US 27 SOUTH LAKE PLACID, FL 33852</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDVD	<input type="checkbox"/> Delete	TITLE	<b>SD Wells, Cynthia L.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HATHAWAY, RONALD E SR		NAME	<b>2015 US 27 South</b>	
STREET ADDRESS	40 KELSEY ROAD		STREET ADDRESS	<b>Lake Placid, FL 33852</b>	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, LAWRENCE B SR		NAME		
STREET ADDRESS	2015 US 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATHAWAY, MILDRED L		NAME		
STREET ADDRESS	40 KELSEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>Brown, Robert</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ROBERT		NAME	<b>904 Lake Drive East</b>	
STREET ADDRESS	40 KELSEY ROAD		STREET ADDRESS	<b>Lake Placid, FL 33852</b>	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MELINDA H		NAME		
STREET ADDRESS	904 LAKE DRIVE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, REGINA D		NAME		
STREET ADDRESS	292 CR 619		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
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>Lawrence B Wells</i>			<b>2/1/06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		