

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005538

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: NEW SEASON MINISTRIES, INC.

## Current Principal Place of Business:

112 CORTES AVE  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

112 CORTES AVE  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 65-1127708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, DAVID M  
112 CORTES AVE  
ROYAL PALM BEACH, FL 33411 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: D ( ) Delete  
Name: ANDERSON, DAVID M  
Address: 112 CORTES AVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: ANDERSON, BARBARA M  
Address: 112 CORTES AVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: BENZ, NORMAN D  
Address: 10254 ALLAMANDA CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: BAUDHUIN, JOHN  
Address: 4422 LACEY OAK DRIVE  
City-St-Zip: PBG, FL 33410

Title: D ( ) Delete  
Name: SCHACHT, PAUL  
Address: 918 MILL CREEK  
City-St-Zip: PBG, FL 33410

## 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:

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: DAVID M. ANDERSON

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date