


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 041 ****61.25

DOCUMENT # N01000005719	
1. Entity Name THE BLOOD BOUGHT CHURCH OF GOD, INC.	

Principal Place of Business 2431 FIRST STREET FT. MYERS FL 33901	Mailing Address 2431 FIRST STREET FT. MYERS FL 33901
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 30-0054399	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILL, ROBERT C JR, ESQ 2431 FIRST STREET FT. MYERS FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HINDS, JANIA J 807 DELLENA LANE FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, CHARLENE 6263 DEMERY CIRCLE FORT MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JERRY 1002 GALLARD PLACE FORT MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 835 SEA URCHIN @ R FT MYERS FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDS, FRANK J 807 DELLENA LANE FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 Section 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.

SIGNATURE: *Frank J Hinds* 5-8-06 1997 693-0550

ATTACHMENT 40091103
~~#W010000005719~~

Just a note to say my
paper got lost in the mail
& call my attorney & he send
me a copy. That's why
its a little late.

Sincerely
Frank Hinds
