2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# N01000005886

Entity Name: THE MINISTERIAL ASSOCIATION NETWORK OF FL, INC.

Current Principal Place of Business:

4319 NORTH SHORE DR
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1913 37TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1143481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ANGELA
4241 WAVERLY DR
WEST PALM BEACH, FL 33407 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: BROWNE, MALCOLM
Address: 8584 PLUTO TERR.
City-St-Zip: LAKE PARK, FL 33403

Title: V ( ) Delete
Name: GRIFFITHS, EVADNEY
Address: 1913 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD ( ) Delete
Name: WILLIAMS, ANGELA
Address: 4241 WAVERLY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete
Name: HEDRINGTON, EMMA
Address: 2400 N.E 1ST LANE BLDG. 6 APT 114
City-St-Zip: BOYNTON BEACH, FL 33435

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:

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: ANGELA WILLIAMS STD 03/03/2006
Electronic Signature of Signing Officer or Director — Date