2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# N01000008625

Entity Name: MONARCH MINISTRIES, INC.

Current Principal Place of Business:

15251 YELLOW BLUFF RD
JACKSONVILLE, FL 32266

New Principal Place of Business:

1507 SUNNYMEADE DRIVE
JACKSONVILLE, FL 32211

Current Mailing Address:

15251 YELLOW BLUFF RD
JACKSONVILLE, FL 32266

New Mailing Address:

1507 SUNNYMEADE DRIVE
JACKSONVILLE, FL 32211

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGGETT, MAX H
15251 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226 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: PD ( ) Delete
Name: SEWELL, AMY E
Address: 15251 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32266

Title: VD ( ) Delete
Name: BENJAMIN, KIMBERLY A
Address: 1862 COLBY AVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: T ( ) Delete
Name: BENJAMIN, DAVID
Address: 1862 COLBY AVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: T ( ) Delete
Name: SEWELL, ROBERT B
Address: 15251 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEWELL, AMY E
Address: 1507 SUNNYMEADE DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SEWELL, ROBERT B
Address: 1507 SUNNYMEADE DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

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: AMY E SEWELL PD 01/31/2006
Electronic Signature of Signing Officer or Director — Date