

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90210 006 ****61.25

DOCUMENT # N01000008815					
1. Entity Name STABLE MINISTRIES, INC.					
Principal Place of Business 7380 SAND LAKE ROAD STE 500 ORLANDO, FL 32819			Mailing Address P O BOX 2418 GOLDENROD, FL 32733		
2. Principal Place of Business 7445 Blue Jacket Place E			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Winter Park, FL			City & State		
Zip 32792		Country U.S.A.		4. FEI Number 56-2262150	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REICHERT, CARLTON R 7380 SAND LAKE ROAD STE 500 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name: Aaron Kline Street Address (P.O. Box Number is Not Acceptable): 7445 Blue Jacket Place E City: Winter Park FL Zip Code: 32792		
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: <u>Aaron Kline</u> Registered Agent DATE: <u>5.1.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME EDWARDS, DUANE STREET ADDRESS 1621 SPRNGTIME LOOP CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE PD NAME Edwards, Duane STREET ADDRESS 250 Clarktown Rd. CITY-ST-ZIP Roan Mountain, TN 37687	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME OLIVIO, DAVID STREET ADDRESS 9437 BELMONT TERRACE CITY-ST-ZIP OVIEDO, FL 327656175	<input type="checkbox"/> Delete		TITLE D NAME Cooksey, Lee STREET ADDRESS 713 Fox Valley Dr. CITY-ST-ZIP Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KLINE, AARON STREET ADDRESS 7445 BLUE JACKET PLACE E CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE RD NAME Kline, Aaron STREET ADDRESS 7445 Blue Jacket Place E CITY-ST-ZIP Winter Park, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME EDWARDS, LINDA STREET ADDRESS 1621 SPRINGTIME LOOP CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE SD NAME Edwards, Linda STREET ADDRESS 250 Clarktown Rd. CITY-ST-ZIP Roan Mountain, TN 37687	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME REICHERT, CARLTON R STREET ADDRESS 7380 SAND LAKE ROAD STE 500 CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DEAL, JENNIFER STREET ADDRESS 128 RHODEN LANE CITY-ST-ZIP WINTER SPRINGS, FL 32708	<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 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.					
SIGNATURE: <u>Linda H. Edwards, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-25-06</u> Daytime Phone #: <u>(423) 725-2827</u>		