2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000258

FILED Jan 18, 2006 Secretary of State

Entity Name: PARTNERS IN CHRIST EVANGELISTIC MINISTRIES, INC.

New Principal Place of Business: Current Principal Place of Business: P O BOX 120952 FT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** P O BOX 120952 FT LAUDERDALE, FL 33312 FEI Number: 03-0383167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLAYTON, DEBORAH 2401 NW 47TH AVE LAUDERHILL, FL 33313 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CLAYTON, DEBORAH Name: Name: Address: 2401 NW 47TH AVE Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: SD () Delete Title: () Change () Addition ANDERSON, SHARON Name: Name: Address: 2221 NW 5TH STREET Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: () Delete Title: (X) Change () Addition DRAKE, NORMAN Name: DRAKE, NORMAN Name: 2401 NW 47TH AVE 2401 NW 47TH AVE Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313 Title: () Delete Title: (X) Change () Addition Name: HOLTON, BLANCHE Name: HOLTON, BLANCHE 3417 BLUE JAY DRIVE Address: 3417 BLUE JAY DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32310

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: DEBORAH CLAYTON **REV** 01/18/2006