2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 05, 2006 8:00 am Secretary of State 09-05-2006 90023 006 ****62.00

1. Entity Nan DEFEND	MENT # NO200000° PER OF THE FAITH MINIST Y OF YAHSHUA, INC.		NORTHODO	×				09-03-2		023 000	,	02.00	
DEFENDER OF THE FAITH SH 1960 EVERGREEN AVE 61		SHEN 615 (Mailing Address SHENAVIAN F. GOODMAN 615 QUAIL LN MACCLENNY, FL 32063									MITI OL IOOI	
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				08242006	Chg-NP	C	R2E037 (4	(06)		
City & State		City	City & State				4. FEI Number 59-373			Ţ		plied For	
Zip	Country Z		ip I		untry		5. Certificate	of Status Desi	red [\$8.7	5 Add	itional	
6. Name and Address of Current Registers			ed Agent				7. Name and Address of New Registered Agent						
					Name -	Tani	ce A.	- '					
MAC GLASHAN, AINSWORTH 1488 RED BIRD CREEK DR.						ddress (P.Q. Box Numb	er is Not Accer	otable)			<u>.</u>	
JACKSONVILLE, FL 32221					1 2	<u> </u>	Gramp	<u></u>	•				
÷					City	City FI Zip Code							
8. The above	named entity submits this statement for	or the ouror	nse of changing its	s register	red office o	r register	ed agent or bo	th in the State	of Florida	Lam familia	r with	and accept	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpo	ose of changing its	s register	red office o	r register	ed agent, or bo	th, in the State	of Florida.	I am familia	r with,	and accept	
the obligat	tions of registered agent.		_	s register	red office o	r register	ed agent, or bo	th, in the State			,		
8. The above the obligated SIGNATURE	tions of registered agent.	vil	leans				ed agent, or bo	th, in the State		l am familia	,		
the obligat	Signaria. Hypod or printed name of registered agent	vil	leans	E: Registere	ed Agent signal		(when reinstating)		6		106	<u></u>	
signature	ions of registered agent. Auci M. (vil	Lans icable. (NOT	TE: Registero	ed Agent signal			Be	Make d	3/24/ DATE	lo (, <u>></u>	
signature	Signature by pool or provided name of registered agent	O il	Lans icable. (NOT	TE: Registero	ed Agent signal Financing tion.	ture required	when reinstating)	Be .	Make of Florida D	check paya	ble to	o cate	
signature	Signaturity typed or printed name of registered agent. Filling Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DII	O il	Lans icable. (NOT	re: Registere mpaign I Contribu	ed Agent signat Financing tion.	ture required	\$5.00 May E Added to Fees	3e . ANGES TO OF	Make of Florida D	check paya	able to	o cate	
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12: Thereby 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-\$T-ZIP

CITY-ST-ZIP

SIGNATURE

GOODMAN, SHENAVIAN F

MACCLENNY, FL 32063

615 QUAIL LN.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

Change

Change

Addition

Addition