

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90023 006 ****62.00

DOCUMENT # N02000001133					
1. Entity Name DEFENDER OF THE FAITH MINISTRIES UNORTHODOX MINISTRY OF YAHSHUA, INC.					
Principal Place of Business DEFENDER OF THE FAITH 1960 EVERGREEN AVE JACKSONVILLE, FL 32206			Mailing Address SHENAVIAN F. GOODMAN 615 QUAIL LN MACCLENNY, FL 32063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3736238	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAC GLASHAN, AINSWORTH 1488 RED BIRD CREEK DR. JACKSONVILLE, FL 32221				7. Name and Address of New Registered Agent Name: <u>Janice A. Williams</u> Street Address (P.O. Box Number is Not Acceptable): <u>8184 Grampell Dr.</u> <u>Jacksonville, Fla</u> City: <u>FL</u> Zip Code: <u>32221</u>	
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>Janice A. Williams</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>8/24/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE T	NAME MACGLOSHAN, AINSWORTH	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Rodney Malone
STREET ADDRESS 1488 RED BIRD CREEK DRIVE	CITY-ST-ZIP JACKSONVILLE, FL 32221		STREET ADDRESS 8184 Grampell Dr	CITY-ST-ZIP Jacksonville, FL 32218	
TITLE T	NAME GOODMAN, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Rachel Tutwiller
STREET ADDRESS 615 QUAIL LN.	CITY-ST-ZIP MACCLENNY, FL 32063		STREET ADDRESS 8184 Grampell Dr	CITY-ST-ZIP Jacksonville, FL 32218	
TITLE PD	NAME WILLIAMS, LESTER L JR	<input type="checkbox"/> Delete	TITLE Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Malachi Williams
STREET ADDRESS 6931 RECREATION TRAIL	CITY-ST-ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 8184 Grampell Drive	CITY-ST-ZIP Jacksonville, FL 32218	
TITLE VPD	NAME WILLIAMS, JANICE A	<input type="checkbox"/> Delete	TITLE (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME (Empty)
STREET ADDRESS 6931 RECREATION TRAIL	CITY-ST-ZIP JACKSONVILLE, FL 32244		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE S	NAME GOODMAN, SHENAVIAN F	<input checked="" type="checkbox"/> Delete	TITLE (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME (Empty)
STREET ADDRESS 615 QUAIL LN.	CITY-ST-ZIP MACCLENNY, FL 32063		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE (Empty)	NAME (Empty)	<input type="checkbox"/> Delete	TITLE (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME (Empty)
STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	

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: Janice A. Williams

8/23/06