

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90089 001 \*\*\*\*61.25

**DOCUMENT # N02000004088**

1. Entity Name

**GOD'S MESSENGERS IN MINISTRY, INC.**



Principal Place of Business

**9442 SE 174 LOOP  
SUMMERFIELD FL 34491-6457**

Mailing Address

**9442 SE 174 LOOP  
SUMMERFIELD FL 34491-6457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0613942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENEDICT, WILLARD R  
9442 SE 174 LOOP  
SUMMERFIELD FL 34491-6457**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BENEDICT, WILLARD R  
STREET ADDRESS 9442 SE 174 LOOP  
CITY-ST-ZIP SUMMERFIELD FL 34491-6457

TITLE SD ☐ Delete  
NAME BENEDICT, DONNA A  
STREET ADDRESS 9442 SE 174 LOOP  
CITY-ST-ZIP SUMMERFIELD FL 34491-6457

TITLE T ☒ Delete  
NAME DIXON, GLENN A  
STREET ADDRESS 745 PALMA DRIVE  
CITY-ST-ZIP LADY LAKE FL 32159

TITLE T ☒ Delete  
NAME SHORT, DAVID E  
STREET ADDRESS 2239 NW 21ST AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TRUSTEE ☐ Change ☒ Addition  
NAME WEER, RALPH M.  
STREET ADDRESS 14852 Brookridge BLVD  
CITY-ST-ZIP Brooksville, FL 34613

TITLE TRUSTEE ☐ Change ☒ Addition  
NAME CANNON, THOMAS  
STREET ADDRESS 11539 WELLMAN DR  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Willard R Benedict* - WILLARD R. BENEDICT *1/25/06 352-245-7791*