


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

07-11-2006 90014 026 ****70.00

DOCUMENT # N02000004357

1. Entity Name
UNCOMMON SENSE MINISTRIES, INC.



Principal Place of Business
**510 NORTH 8TH AVENUE
 WAUCHULA, FL 33873-2216**

Mailing Address
**510 NORTH 8TH AVENUE
 WAUCHULA, FL 33873-2216**

66042349



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1431
 Suite, Apt. #, etc.

07072006 Chg-NP CR2E037 (4/06)

City & State
WAUCHULA, FL

4. FEI Number
43-1970063

Applied For
 Not Applicable

Zip
33873-1431

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TILLMAN, DAVID W MR.
 510 NORTH 8TH AVENUE
 WAUCHULA, FL 33873-2216**

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 **DAVID TILLMAN** *David Tillman* **7-7-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25**
 Due by **September 6, 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TILLMAN, DAVID 510 NORTH 8TH AVENUE WAUCHULA, FL 338732216 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TILLMAN, BESSIE L MRS. 514 NORTH 8TH AVENUE WAUCHULA, FL 33873 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TILLMAN, HONG NGOC T MRS. 510 NORTH 8TH AVENUE WAUCHULA, FL 33873 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *David Tillman* **7-25-06** **8632451382**
Signature and typed or printed name of board officer or director Date Date Phone #

DAVID TILLMAN