

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004428

FILED
Mar 08, 2006
Secretary of State

Entity Name: CZERNOWSKI MINISTRIES, INC.

Current Principal Place of Business:

50 AKRON RD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

50 AKRON RD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 50-0003905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZERNOWSKI, JEAN P
50 AKRON RD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Title: DPT () Delete
Name: CZERNOWSKI, JEAN P
Address: 50 AKRON RD
City-St-Zip: LAKE WORTH, FL 33467

Title: DV () Delete
Name: ENOCHS, CONNIE
Address: 1189 SUNSET DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DS () Delete
Name: GLOYD, ROBERT
Address: 5073 CHERYL LANE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEAN P. CZERNOWSKI

DPT

03/08/2006

Electronic Signature of Signing Officer or Director

Date