## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005137

Entity Name: ENTER IN ..... MINISTRIES, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5290 60TH ST N 2150 MORNINGSIDE DR. KENNETH CITY, FL 33709 SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

5290 60TH ST N 2150 MORNINGSIDE DR. KENNETH CITY, FL 33709 SAFETY HARBOR, FL 34695

FEI Number: 35-2183047 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, WILLIAM H REV
5290 60TH ST N
KENNETH CITY, FL 33709 US
MCKNIGHT, LINDA J REV
2150 MORNINGSIDE DR.
SAFETY HARBOR, FL 34695 US

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: LINDA J. MCKNIGHT 04/25/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: JOHNSON, WILLIAM H REV Name: MCKNIGHT, LINDA J REV

Address: 5290 60TH ST N Address: 2150 MORNINGSIDE DR.
City-St-Zip: KENNETH CITY, FL 33709 City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition Name: JOHNSON, DIANE M Name: CROMWELL, MARILYN K

Address: 5290 60TH ST N Address: 2954 CLUB HOUSE DR. W. City-St-Zip: KENNETH CITY, FL 33709 City-St-Zip: CLEARWATER, FL 33761

 $\label{eq:title:DS} {\it Title:} \qquad {\it DS} \qquad (\ ) \ {\it Delete} \qquad \qquad {\it Title:} \qquad {\it DS} \qquad (\it X) \ {\it Change} \ (\ ) \ {\it Addition}$ 

Name: MCKNIGHT, LINDA J Name: TAYLOR, WILLIAM

 Address:
 2150 MORNINGSIDE DR
 Address:
 2333 FEATHER SOUND DR. C-301

 City-St-Zip:
 SAFETY HARBOR, FL 346952026
 City-St-Zip:
 CLEARWATER, FL 33762

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: LINDA J. MCKNIGHT DP 04/25/2006