

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED****May 01, 2006 08:00 AM
Secretary of State****DOCUMENT # N02000005526****1. Entity Name**
WILLIE BUTTS MINISTRIES, INC.**Principal Place of Business**620 S.W. 14TH STREET
DEERFIELD, FL 33441**Mailing Address**620 S.W. 14TH STREET
DEERFIELD, FL 33441**DO NOT WRITE IN THIS SPACE**

04172006 No Chg-HP

CR2E037 (11/05)

4. FEI Number
04-3698652**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**BUTTS, WILMA J
620 S.W. 14TH STREET
DEERFIELD, FL 33441**DO NOT WRITE
IN THIS SPACE****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 date if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006****9. Election Campaign Financing
Trust Fund Contribution** ☐**\$5.00 May Be
Added to Fee****10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BUTTS, WILLIE C
STREET ADDRESS	620 S.W. 14TH STREET
CITY-ST-ZIP	DEERFIELD, FL 33441
TITLE	D
NAME	BUTTS, WILMA J
STREET ADDRESS	620 S.W. 14TH STREET
CITY-ST-ZIP	DEERFIELD, FL 33441
TITLE	D
NAME	BUTTS, COLOSSIA
STREET ADDRESS	620 S.W. 14TH STREET
CITY-ST-ZIP	DEERFIELD, FL 33441
TITLE	D
NAME	JACKSON, ALTHEA
STREET ADDRESS	1710 NW 27TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	DILLARD, JANICE L
STREET ADDRESS	11100 NW 23RD COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	DEALE, CARMEN
STREET ADDRESS	1604 NW 17TH AVE, #8
CITY-ST-ZIP	POMPANO BEACH, FL 33068

**DO NOT WRITE
IN THIS SPACE**1100000553744
05/15/06-80065-004 61.25**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:**

Willie C. Butts Willie C. Butts 4/17/06 (954) 956-8987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #