2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006334

Entity Name: GOOD STEWARD MINISTRIES INC.

FILED Jul 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 334 EAST LAKE ROAD #154 PALM HARBOR, FL 34685 **New Mailing Address: Current Mailing Address:** 334 EAST LAKE ROAD #154 PALM HARBOR, FL 34685 FEI Number: 27-0028344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JULIANO, JOHN F 3050 LANDMARK BLVD. #1002 PALM HARBOR, FL 34684 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JULIANO, CAROL Name: Name: Address: 3050 LANDMARK BLVD. #1002 Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: TSD () Delete Title: () Change () Addition Name: JULIANO, JOHN F Name: Address: 3050 LANDMARK BLVD. #1002 Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: () Delete Title: () Change () Addition CHRISTENSEN, RICHARD Name: Name: 3078 EAGLES LANDING CIRCLE WEST Address: Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PETERSON, PHILIP Name: 1019 SAN REMO DRIVE Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: Title:

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN F. JULIANO TSD 07/10/2006

() Delete

2695 AUGUSTA DRIVE NORTH

CLEARWATER, FL 34621

ECKLEY, PAUL

Name:

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