

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90400 015 ****61.25

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1. Entity Name
REMNANT MINISTRIES OF GOD, INC.



Principal Place of Business
**23 W AUDREY DR
FT WALTON BEACH, FL 32548**

Mailing Address
**23 W AUDREY DR
FT WALTON BEACH, FL 32548**



04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1839519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL J
23 W AUDREY DR
FT WALTON BEACH, FL 32548**

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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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSON, MICHAEL J SR
23 W AUDREY DR
FT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, JAMES
526 JUSTIN ST
FT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSON, CARLEANE L
23 W AUDREY DRIVE
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Michael Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #