2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N02000007513

Entity Name: OMEGA FORCE MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 5191
LAKELAND, FL 33807 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5191
LAKELAND, FL 33860 US

New Mailing Address:

FEI Number: 27-0036234 **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:

WILKES, MARK
2209 BLACKWOOD DR
MULBERRY, FL 33860 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: PD ( ) Delete
Name: WILKES, MARC
Address: 2209 BLACKWOOD DR
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete
Name: MILAM, GEORGE
Address: 201 MAGANOLIA LOOP
City-St-Zip: MILLBROOK, AL 36054

Title: TD ( ) Delete
Name: BROOKS, PRESTON
Address: 140 TURKEY HOP RD W
City-St-Zip: HOLLY POND, AL 35083

Title: SD ( ) Delete
Name: ZACHERY, KEN
Address: 7043 E. 77TH PLACE
City-St-Zip: TULSA, OK 74133

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:

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: MARC WILKES PRES 09/05/2006
Electronic Signature of Signing Officer or Director — Date