

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008119

FILED
Mar 07, 2006
Secretary of State

Entity Name: CENTRAL AMERICAN MINISTRIES, INC.

Current Principal Place of Business:

21485 S. SANDPIPER RD.
CEDAR ISLAND, FL 32348

New Principal Place of Business:

226 SE 309TH ST
CROSS CITY, FL 32628 54

Current Mailing Address:

P.O. BOX 165
PERRY, FL 32348

New Mailing Address:

226 SE 309TH ST
CROSS CITY, FL 32628 54

FEI Number: 35-2198663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OVERSTREET, LOVETT I
P.O. BOX 165
PERRY, FL 32348 US

Name and Address of New Registered Agent:

OVERSTREET, LOVETT I
226 SE 309TH ST
CROSS CITY, FL 32628 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: LOVETT I. OVERSTREET

03/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OVERSTREET, LOVETT I
Address: P.O. BOX 165
City-St-Zip: PERRY, FL 32348

Title: VSTD () Delete
Name: OVERSTREET, VIRGINIA K
Address: P.O. BOX 165
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: REYNOLDS, NORMA JEAN
Address: P.O. BOX 1354
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: ADDISON, CHERYL DOZIER
Address: 1885 PENNY LANE
City-St-Zip: PERRY, FL 32347

Title: BMD (X) Delete
Name: BUCKHALTER, RONALD E
Address: 7195 PUCKETT RD.
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OVERSTREET, LOVETT I
Address: 226 SE 309TH ST
City-St-Zip: CROSS CITY, FL 32628

Title: VSTD (X) Change () Addition
Name: OVERSTREET, VIRGINIA K
Address: 226 SE 309TH ST
City-St-Zip: CROSS CITY, FL 32628

Title: D (X) Change () Addition
Name: WRIGHT, DURAN
Address: P.O. BOX 644
City-St-Zip: PERRY, F 32348

Title: D (X) Change () Addition
Name: WRIGHT, TONYA
Address: P.O. BOX 644
City-St-Zip: PERRY, FL 32348

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: LOVETT I. OVERSTREET

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date