2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2006 08:00 AM Secretary of State DOCUMENT # N02000008371 WATERMAN MINISTRIES, INC. Mailing Address Principal Place of Business 1866 LOMA LINDA ST. 1866 LOMA LINDA ST. SARASOTA, FL 34239 SARASOTA, FL 34239 01032006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0436279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 8. Name and Address of Current Registered Agent EDWIN L. FORD, P.A. DO NOT WRITE 107 S OSPREY AVE 210 IN THIS SPACE SARASOTA, FL 34236 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 (NOTE: Registered Agent signature required when revisitions) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 П Trust Fune Contribution. Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS 10. TITLE PSD NAME WATERMAN, JERRY STREET ADDRESS 1866 LOMA LINDA ST. CITY-ST-ZP SARASOTA, FL 34239 TITLE HDHB00483508 NAME BENSON, LARRY 04/12/06 80001 009 61.25 STREET ADDRESS 1866 LOMA LINDA ST. CHY-SI-7P SARASOTA, FL 34239 TITLE NAME MCCORMICK, JUDY STRILT ADORESS 9540 SOUTH MAYFIELD DO NOT WRITE City-St-AP OAK LAWN, IL 60453 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

12. I hereby certily that the information supplied with this filling 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 early, 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 ALVINA THAT INTER OF PROVIDED NAME OF SIGNING OFFICER OR AFTER TOR

NAME SIBETI ADDRESS CULY-ST-ZIP TILLE NAME SIRULI ADDRESS CITY-ST-ZIP

> 3/27/06 Date

(941) 365-7172

FILED