


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90020 022 ****61.25

DOCUMENT # N02000009872	
1. Entity Name JOSEPH SIMON CELY MINISTRIES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2949 SWIFTON DR.		3. Mailing Address 2949 SWIFTON DR.	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34231	Country USA	Zip 34231	Country USA

40017243

CR2E037B (8/05)

4. FEI Number 02-0666839		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name Rosemonde Cely	
Street Address (P.O. Box Number is Not Acceptable) 2949 SWIFTON DR	
City SARASOTA	FL Zip Code 34231

**DO NOT WRITE
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 **N/A** (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Dr. Cely, Joseph S. 2949 Swifton Dr Sarasota, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Dr. Octavien, Luc L. 9108 Lake Luta Circle Gotha, FL 34734	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Dr. Cely, Rosemonde 2949 Swifton Dr. Sarasota, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH CELY** **02-17-06 941-927-0905**