## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02598

FILED Jan 17, 2006 Secretary of State

Entity Name: T.H.O.R.N. MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

16148 BOYETTE ROAD RIVERVIEW, FL 33569 US

Current Mailing Address: New Mailing Address:

16148 BOYETTE ROAD 10414 DEEPBROOK DRIVE RIVERVIEW, FL 33569 US RIVERVIEW, FL 33569 US

FEI Number: 59-2421661 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, KRISTIN STASZA

16148 BOYETTE ROAD

RIVERVIEW, FL 33569 US

TAYLOR, KRISTIN

10414 DEEPBROOK DRIVE

RIVERVIEW, FL 33569 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: KRISTIN TAYLOR 01/17/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 TAYLOR, KRISTIN
 Name:
 TAYLOR, KRISTIN

Name:TAYLOR, KRISTINName:TAYLOR, KRISTINAddress:16148 BOYETTE ROADAddress:10414 DEEPBROOK DRIVECity-St-Zip:RIVERVIEW, FL 33569City-St-Zip:RIVERVIEW, FL 33569

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NICOSON, CHRISTINE LOUI
 Name:

 Address:
 16148 BOYETTE ROAD
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 NICOSON, CHRISTINE LOUI
 Name:

 Address:
 16148 BOYETTE ROAD
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 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: KRISTIN TAYLOR PD 01/17/2006