## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000366

Entity Name: BEHIND THE VEIL MINISTRIES, INC.

Apr 29, 2006 Secretary of State

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

536 NORTH WESTMORELAND DRIVE

ORLANDO, FL 32805

**New Mailing Address: Current Mailing Address:** 

5664 BRECKENRIDGE CIRCLE P.O. BOX 677

ORLANDO, FL 32818 CLARCONA, FL 32710 US

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

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

SIMS, CHRISTOPHER E 5664 BRECKENRIDGE CIR ORLANDO, FL 32818

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SIMS, CHRISTOPHER SIMS, CHRISTOPHER E PASTOR Name: Name: 5664 BRECKENRIDGE CIR Address: 5664 BRECKENRIDGE CIR Address: ORLANDO, FL 32818 City-St-Zip: City-St-Zip: ORLANDO, FL 32818

Title: VTD () Delete Title: (X) Change ( ) Addition MCDUFFIE-SIMS, ANGELA MCDUFFIE-SIMS, ANGELA E.L. Name: Name: Address: 5664 BRECKENRIDGE CIR Address: 5664 BRECKENRIDGE CIR City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: () Delete Title: SD (X) Change ( ) Addition YOUNGBLOOD, PAMELA Name: AUSTIN, MIGNON C ELDER Name: 4540 SOUTH LAKE PKWY Address: Address: 3442 COACHLIGHT DR. City-St-Zip: ORLANDO, FL 32808 City-St-Zip: KISSIMMEE, FL 34741

Title: () Delete Title: 2NVP ( ) Change (X) Addition

Name: Name: AUSTIN, BRYANT ELDER Address: Address: 3442 COACHLIGHT DR. City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 US

Title: () Delete Title: ( ) Change (X) Addition CONWAY, SHEILA ELDER Name: Name: 2238 CYPRESS KNEE LOOP Address: Address:

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

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: CHRISTOPHER E. SIMS PD 04/29/2006