

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000810

FILED
Apr 25, 2006
Secretary of State

Entity Name: PRISCILLA ANN DANIELS AKINS MINISTRIES, INC.

Current Principal Place of Business:

18 SOUTH 5TH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

18 SOUTH 5TH STREET
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 74-3078353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIELS-AKINS, PRISCILLA A
18 SOUTH 5TH STREET
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: DANIELS-AKINS, PRISCILLA A
Address: 13800 TONY GIVENS ROAD
City-St-Zip: SANDERSON, FL 32087

Title: DV () Delete
Name: FORD, DOROTHY M
Address: P.O. BOX 191
City-St-Zip: SANDERSON, FL 32087

Title: DS () Delete
Name: PINER, DEBBIE
Address: 7200 POWERS AVE #209
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT () Delete
Name: EILAND, LEARRANTINE
Address: 1231 HARLEY CIRCLE
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WILLIAMS, JENELL
Address: 5140 COLUMBUS ST.
City-St-Zip: JACKSONVILLE, FL 32254

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: JENELL WILLIAMS

DT

04/25/2006

Electronic Signature of Signing Officer or Director

Date