

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001919

FILED
Jan 30, 2006
Secretary of State

Entity Name: MICHAEL K. BOUIE MINISTRIES, INC.

Current Principal Place of Business:

1892 NORTHWEST 51 TERRACE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 370135
MIAMI, FL 33137

New Mailing Address:

FEI Number: 56-2422184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUIE, MICHAEL K
6531 MAIN STREET
UNIT 8-101
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

BOUIE, MICHAEL K
5125 S.W. 157TH AVENUE
MIRAMAR, FL 33027 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: MICHAEL K. BOUIE

01/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOUIE, MICHAEL K
Address: 1892 NORTHWEST 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DS () Delete
Name: BENEBY, LILLIE
Address: 1892 NORTHWEST 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DT () Delete
Name: KING, EDITH
Address: 1892 NORTHWEST 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DT () Delete
Name: BOUIE, JAMES E
Address: 3120 OHIO STREET
City-St-Zip: MIAMI, FL 33133

Title: DT () Delete
Name: MITCHELL, TAMIRA V
Address: 5125 SOUTHWEST 157 AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOUIE, MICHAEL K
Address: 1866 NORTHWEST 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DS (X) Change () Addition
Name: BENEBY, LILLIE
Address: 1866 NORTHWEST 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DT (X) Change () Addition
Name: KING, EDITH
Address: 1866 NORTHWEST 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DT (X) Change () Addition
Name: BOUIE, JAMES E
Address: 134 SMITH-MILLER ROAD
City-St-Zip: ATTAPULGUS, GA 39815

Title: () Change () Addition
Name:
Address:
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: TAMIRA V. MITCHELL-BOUIE

DT

01/30/2006

Electronic Signature of Signing Officer or Director

Date