


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90025 034 \*\*\*\*61.25

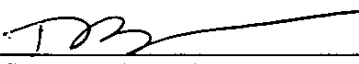
<b>DOCUMENT # N03000002519</b>	
1. Entity Name <b>YOUTH MINSTERS OF MAYO, INC.</b>	

Principal Place of Business <b>P.O. BOX 802 MAYO, FL 32066</b>	Mailing Address <b>P.O. BOX 802 MAYO, FL 32066</b>
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2. Principal Place of Business <b>P.O. Box 58</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 58</b> Suite, Apt. #, etc.
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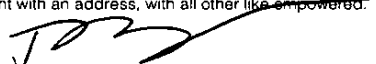
City & State <b>Mayo, Florida</b> Zip <b>32066</b>	Country	City & State <b>Mayo, Florida</b> Zip <b>32066</b>	Country
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6. Name and Address of Current Registered Agent <b>HUDSON, RIGSBY W EAST MAIN ST. MAYO, FL 32066</b>		7. Name and Address of New Registered Agent Name <b>Tina Singletary</b> Street Address (P.O. Box Number is Not Acceptable) <b>226 NW Bloxham</b> City <b>Mayo</b> FL Zip Code <b>32066</b>	
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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 	DATE <b>7/13/06</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUDSON, RIGSBY W P.O. BOX 1791 MAYO, FL 32066</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, VP Perry, Chan 1016 SW CR 320 Mayo, FL 32066</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SEALS, BRETT ROUTE 2 BOX 1491 MAYO, FL 32066</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BRYAN, RUSTY ROUTE 2 BOX 935 MAYO, FL 32066</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SINGLETARY, TINA P.O. BOX 58 MAYO, FL 32066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, S Singletary, Tina P.O. Box 58 Mayo, FL 32066</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE <b>7/13/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	