2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N03000002548

Entity Name: APOSTOLIC FAITH "RESCUE" MISSION, INC.

Current Principal Place of Business:

17201 NW 12TH AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

17201 NW 12TH AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 56-2335215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, WINSTON E
17201 NW 12TH AVENUE
MIAMI, FL 33169 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: D ( ) Delete
Name: NELSON, WINSTON E
Address: 17201 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: ALEXANDER, RUPERT
Address: 820 NW 104 STREET
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete
Name: QUEELEY, MARY
Address: 16400 NW 39 COURT
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Delete
Name: FERGUSON, GLORIA
Address: 17201 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33169

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: ( ) 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: WINSTON E. NELSON D 05/04/2006

Electronic Signature of Signing Officer or Director — Date