

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90364 031 ****61.25

DOCUMENT # N03000002899

1. Entity Name
AMAN MINISTRIES INC.



Principal Place of Business
**1994 GUSEMAN ROAD
GULF BREEZE, FL 32563**

Mailing Address
**1994 GUSEMAN ROAD
GULF BREEZE, FL 32563**

40042994



2. Principal Place of Business
5330 E. Bay Blvd.
Suite, Apt. #, etc.

3. Mailing Address
5330 E. Bay Blvd.
Suite, Apt. #, etc.

City & State
Gulf Breeze, FL.
Zip
32563
Country
USA

City & State
Gulf Breeze, FL.
Zip
32563
Country
USA

02222006 Chg-NP CR2E037 (11/05)

4. FEI Number
74-2364809
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRIGMAN, ROLAND
1994 GUSEMAN ROAD
GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent
Name
LISA MALONEY
Street Address (P.O. Box Number is Not Acceptable)
5330 E Bay Blvd.
Gulf Breeze, FL.
City
FL Zip Code
32563

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 *Roland Brigman* *Lisa Maloney* **3-22-06**
ROLAND BRIGMAN President (NOTE: Registered Agent signature required when reinstating) **LISA MALONEY** DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGMAN, ROLAND	
STREET ADDRESS	1994 GUSEMAN ROAD	
CITY - ST - ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGMAN, KENNEY	
STREET ADDRESS	9 W WOOD	
CITY - ST - ZIP	DAYTON, TX 77535	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURGEON, DAVE	
STREET ADDRESS	1129 SPENCER DR	
CITY - ST - ZIP	MUSCLESHOLES, AL 35661	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, PERRY	
STREET ADDRESS	1033- BOXWOOD DR	
CITY - ST - ZIP	BAINBRIDGE, GA 39819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brigman, Roland	
STREET ADDRESS	51 Maple Rd. S.	
CITY - ST - ZIP	Kerrville, TX. 78028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Roland Brigman*

3-22-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #