

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005780

FILED  
Jun 14, 2006  
Secretary of State

**Entity Name:** UNLEAVENED BREAD MINISTRIES, INTERNATIONAL, INC.

**Current Principal Place of Business:**

4502 EVERS PL  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4502 EVERS PL  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 67-3494325      **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:**

ARRINGTON, KYNTHIA H  
4502 EVERS PL  
ORLANDO, FL 32811      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: FP      ( ) Delete  
Name: ARRINGTON, KYNTHIA H  
Address: 4502 EVERS PL  
City-St-Zip: ORLANDO, FL 32811

Title: VD      ( ) Delete  
Name: ARRINGTON, KYNTHIA N  
Address: 402 N 8TH ST UNIT #87  
City-St-Zip: EGLIN AFB, FL

Title: D      ( ) Delete  
Name: ARRINGTON, JEREMY K  
Address: 4502 EVERS PL  
City-St-Zip: ORLANDO, FL 32811

Title: D      ( ) Delete  
Name: ARRINGTON, DANIEL E  
Address: 4502 EVERS PL  
City-St-Zip: ORLANDO, FL 32811

Title: SD      ( ) Delete  
Name: BONDS, LINDA  
Address: 14322 GOLDEN VIEW DR  
City-St-Zip: GRAND ISLAND, FL 32735

Title: D      ( ) Delete  
Name: COLLIER, BRIAN  
Address: 3122 CALLOWAY ST  
City-St-Zip: ORLANDO, FL 32810

**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:

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: KYNTHIA ARRINGTON

FP

06/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date