2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 11, 2006 8:00 am Secretary of State DOCUMENT # N03000007563 05-11-2006 90242 042 ****70.00 UNITED MINISTRIES, INC. Principal Place of Business Mailing Address 707 59TH TERR E BRADENTON FL 34203 707 59TH TERR E **BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 73-1678161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JACKIE L SR. Street Address (P.O. Box Number is Not Acceptable) 707 59TH TERR E **BRADENTON FL 34203** Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE TITLE ☐ Delete ☐ Addition PERKINS, STUNFORD NAME NAME STREET ADDRESS 1348 32ND ST STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP D۷ TETLE ☐ Defete TITLE HUNT, ROBERT JR. NAME NAME 3409 5TH DR W STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALMETTO FL 34221 CITY-ST-ZIP Delete HILE ___ Andition DAVIS, JACKIE L SR. NAME NAME STREET ADDRESS 707 59TH TERR E STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34203** CITY-ST-7IP DT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SIMON, LOUIS T NAME STREET ADDRESS 309 16TH ST W STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ATTACHMENT 4009 08 19

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