

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008034

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: ADOPT A SOLDIER MINISTRIES, INC.

**Current Principal Place of Business:**

11521 LEANNE LANE  
TAMPA, FL 336372724

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1110  
THONOTOSASSA, FL 33592 US

**New Mailing Address:**

FEI Number: 20-0004166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARRIGAN, DARLENE  
11521 LEANNE LANE  
TAMPA, FL 335372724 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: DP ( ) Delete  
Name: HARRIGAN, DARLENE  
Address: 11521 LEANNE LANE  
City-St-Zip: TAMPA, FL 336372724

Title: DV ( ) Delete  
Name: HARRIGAN, DONALD  
Address: 11521 LEANNE LANE  
City-St-Zip: TAMPA, FL 336372724

Title: DV ( ) Delete  
Name: HARRIGAN, SHAWN  
Address: 11521 LEANNE LANE  
City-St-Zip: TAMPA, FL 336372724

Title: DST ( ) Delete  
Name: HARRIGAN, JOHN C  
Address: 11521 LEANNE LANE  
City-St-Zip: TAMPA, FL 336372724

**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: DARLENE HARRIGAN

CEO

01/03/2006

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

\_\_\_\_\_  
Date