

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90085 037 ****70.00

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1. Entity Name
HASHOMER MINISTRIES, INC.



Principal Place of Business
**6301 NW 65TH AVE
OCALA, FL 34482 US**

Mailing Address
**6301 NW 65TH AVE
OCALA, FL 34482 US**

50013288



2. Principal Place of Business
60720 NW 65th pl
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 771497
Suite, Apt. #, etc.

04152006 Chg-NP CR2E037 (11/05)

City & State
Ocala Florida
Zip Country
34482 USA

City & State
Ocala Florida
Zip Country
34477 USA

4. FEI Number
NOT APPLICABLE 20.4534141
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DALY, KENNETH W REV.
6301 NW 65TH AVE
OCALA, FL 34482**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

**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 **P** ☐ Delete
NAME **DALY, KENNETH W REV.**
STREET ADDRESS **6301 NW 65TH AVE**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **V** ☐ Delete
NAME **DALY, CAROLYN B REV.**
STREET ADDRESS **6301 NW 65TH AVE**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **S/T** ☐ Delete
NAME **DALY, MICHAEL K**
STREET ADDRESS **6301 NW 65TH AVE**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **D** ☒ Delete
NAME **DALY, FRANCIS P**
STREET ADDRESS **6301 NW 65TH AVE**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **D** ☒ Delete
NAME **DALY, WILLIAM D REV.**
STREET ADDRESS **PO BOX 320**
CITY-ST-ZIP **SALISBURY CENTER, NY 13454**

TITLE **D** ☒ Delete
NAME **DALY, RACHEL A REV.**
STREET ADDRESS **PO BOX 320**
CITY-ST-ZIP **SALISBURY CENTER, NY 13454**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Rev. Kenneth W. Daly**
STREET ADDRESS **2603 SW 10th St. Apt. 287**
CITY-ST-ZIP **Ocala, Florida 34474**

TITLE **V** ☒ Change ☐ Addition
NAME **Rev. Carolyn A. Brooks**
STREET ADDRESS **2603 SW 10th St. Apt. 287**
CITY-ST-ZIP **Ocala, Florida 34474**

TITLE **S/T** ☒ Change ☐ Addition
NAME **Michael K. Daly**
STREET ADDRESS **60720 NW 65th pl.**
CITY-ST-ZIP **Ocala, Florida 34482**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kenneth W. Daly

Kenneth W. Daly 4/15/06 (352) 239-0462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #