2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N03000010504

Entity Name: JOHN ROBINSON III MINISTRIES INC.

Current Principal Place of Business:

897 SW CARMELITE STREET
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

897 SW CARMELITE STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 30-0274366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, JOHN III
897 SW CARMELITE STREET
PORT ST. LUCIE, FL 34983 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: PD ( ) Delete
Name: ROBINSON, JOHN III
Address: 897 SW CARMELITE STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD ( ) Delete
Name: ROBINSON, TAMMY LYNN
Address: 897 SW CARMELITE STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: EVANS, SHARON
Address: 3000 TROPIC BLVD.
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: HILL, BONNIE
Address: 2219 SW MORNINGSIDE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete
Name: ROBERTS, CLEVELAND E III
Address: 1350 NW 182 STREET
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete
Name: ROBINSON, MAXINE
Address: 300 ESSEX DRIVE
City-St-Zip: FORT PIERCE, FL 34950

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: JOHN ROBINSON III PD 04/30/2006

Electronic Signature of Signing Officer or Director — Date