2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001440

Address:

City-St-Zip:

331 NW 87TH RD.

WILDWOOD, FL 34785

FILED Aug 08, 2006 Secretary of State

2001	//E/11 // 110 100000 1 1 10		ocorciary or oracc	
Entity Na	me: BW CITY MINISTRIES, INC.			
Current P	rincipal Place of Business:	New Principal Plac	e of Business:	
1301 HIGH WILDWO	HST. OD, FL 34785			
Current N	lailing Address:	New Mailing Addre	New Mailing Address:	
1301 HIGH WILDWO	H ST. OD, FL 34785			
	: 20-0473620 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable () receive the prior notice.	Certificate of Status Desired (X)	
Name and	l Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
The above		urpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete JONES, TONY 10175 CR 229 OXFORD, FL 34484	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete JONES, KIM 10175 CR 229 OXFORD, FL 34484	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () Delete TARVER, MARGARET	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TONY JONES **PRES** 08/08/2006