

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 006 ****61.25

DOCUMENT # N04000002460	
1. Entity Name U-TURN MINISTRIES, INC.	



Principal Place of Business 1498 SE PRESTON LANE PORT ST LUCIE, FL 34983	Mailing Address 1498 SE PRESTON LANE PORT ST LUCIE, FL 34983
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40035371



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGLAS, GEOFFREY C 1498 SE PRESTON LANE PORT ST LUCIE, FL 34983		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 _____ (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, GEOFFREY C			NAME			
STREET ADDRESS	1498 SE PRESTON LANE			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE, FL 34983			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, TIMOTHY B			NAME	Williams, Timothy B		
STREET ADDRESS	1822 CECELIA LANE			STREET ADDRESS	222 Everglades Blvd		
CITY-ST-ZIP	PORT ST LUCIE, FL 34953			CITY-ST-ZIP	Stuart, FL 34994		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, HEATHER			NAME	Williams, Heather		
STREET ADDRESS	1822 CECELIA LANE			STREET ADDRESS	222 Everglades Blvd		
CITY-ST-ZIP	PORT ST LUCIE, FL 34953			CITY-ST-ZIP	Stuart, FL 34994		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				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 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: Geoffrey C. Douglas 3/18/06 772-878-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #