


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90173 039 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000003131	
<b>1. Entity Name</b> FOUNTAIN PENTECOSTAL MINISTRIES INC	

<b>Principal Place of Business</b> 20105 HWY 231 FOUNTAIN, FL 32438	<b>Mailing Address</b> P.O. BOX 162 FOUNTAIN, FL 32438
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01092006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 75-3155569	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

NELSON, CHARLES TERRELL  
1311 NELSON HILL LANE  
ALFORD, FL 32420

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**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:** *Charles Terrell Nelson* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	NELSON, C. TERRELL
<b>STREET ADDRESS</b>	1311 NELSON LANE
<b>CITY-ST-ZIP</b>	ALFORD, FL 32420
<b>TITLE</b>	<b>M</b>
<b>NAME</b>	FISHER, ROBERT
<b>STREET ADDRESS</b>	161 HITCHCOCK RD
<b>CITY-ST-ZIP</b>	SOUTHPORT, FL 32409
<b>TITLE</b>	<b>M</b>
<b>NAME</b>	NELSON, JAMES E SR
<b>STREET ADDRESS</b>	1308 NELSON LANE
<b>CITY-ST-ZIP</b>	ALFORD, FL 32420
<b>TITLE</b>	<b>M</b>
<b>NAME</b>	ADAMS, RAY
<b>STREET ADDRESS</b>	11909 HARRINGTON RD
<b>CITY-ST-ZIP</b>	FOUNTAIN, FL 32438
<b>TITLE</b>	
<b>NAME</b>	MARTIN BENNETT
<b>STREET ADDRESS</b>	P.O. Box 151 Fountain FL 32438
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**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:** *C. Terrell Nelson* — *C. Terrell Nelson* 2-26-06 (850) 579-2141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #