2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N04000003447

Entity Name: FT WHITE ADVENT MINISTRIES INC

Current Principal Place of Business:

PO BOX 640
FT WHITE, FL 32038 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 640
FT WHITE, FL 32038 US

New Mailing Address:

FEI Number: 81-0647420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVER, DAVID MR.
8308 NE CR340
HIGH SPRINGS, FL 32643 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: P ( ) Delete
Name: JOSEPH, GLENN E MR
Address: 6523 SW OLD WIRE RD
City-St-Zip: FORT WHITE, FL 32038 US

Title: VP ( ) Delete
Name: OLIVER, DAVID
Address: 8308 NE CR340
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: SECR ( ) Delete
Name: JOSEPH, GLENN E MR
Address: 6523 SW OLD WIRE RD
City-St-Zip: FT WHITE, FL 32038 US

Title: TREA ( ) Delete
Name: CARTER, CECIL MR
Address: 13678 JOHN WILLIAMS RD
City-St-Zip: SANDERSON, FL 332187 US

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:

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: GLENN E JOSEPH P /S 05/04/2006

Electronic Signature of Signing Officer or Director — Date