

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003678

FILED
Feb 26, 2006
Secretary of State

Entity Name: ACTS OF FAITH MINISTRIES INC.

Current Principal Place of Business:

8710 SW 170TH ST.
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

8710 SW 170TH ST.
ARCHER, FL 32618

New Mailing Address:

FEI Number: 30-0246057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, NATHANIEL
8710 SW 170TH ST.
ARCHER, FL 32618 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: JONES, NATHANIEL
Address: 25408 SW 17TH ST.
City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete
Name: MELLIS, GEORGE L
Address: 16422 SW 103RD AVE.
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: MELLIS, GLORIA
Address: P. O. BOX 773
City-St-Zip: NEWBERRY, FL 32669

Title: DT () Delete
Name: MELLIS, CAROLYN
Address: 16422 SW 103RD AVE.
City-St-Zip: ARCHER, FL 32618

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: NATHANIEL JONES

PD

02/26/2006

Electronic Signature of Signing Officer or Director

Date