


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004158		
1. Entity Name FIVE-FOLD MINISTRY FELLOWSHIP, INC.		

FILED

06 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2525 SOUTH MONROE ST STE 18-B TALLAHASSEE, FL 32301	Mailing Address 2525 SOUTH MONROE ST STE 18-B TALLAHASSEE, FL 32301
--	--

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

5012006 Chg-NP CR2E037 (4/06)

4. FEI Number 33-1098596		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITING, WILLIE D JR 5674 LUMBERJACK LN TALLAHASSEE, FL 32303		Name Street Address (P.O. Box Number is Not Acceptable) <i>165-B Victory Garden Drive</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

000075102330
05/23/06--01049--017 **122.50

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P WHITING, WILLIE D JR 5674 LUMBERJACK LN TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>165-B Victory Garden Dr.</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHITING, LINDA G 5674 LUMBERJACK LN TALLAHASSEE, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>165-B Victory Garden Dr.</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S METZ, CARRIE H 728 DOVER ST TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, ABE 4050 BOTHWELL TER TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Linda G. Whiting</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>5-1-06</i> Daytime Phone # <i>536-7279</i>