## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400005407

City-St-Zip:

FILED Jan 03, 2006 Secretary of State

Entity Nar	me: AQUILLA	A AND PRISCILLA MINISTRIES,	INC.			
Current P	rincipal Plac	e of Business:	New Princ	cipal Place of Business:		
906 HART DELAND,	FORD DR FL 32724					
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
906 HART DELAND,	FORD DR FL 32724					
FEI Number:	: 20-2213617	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
WEEKS, F 906 HART DELAND,	FORD DR	us				
	named entity of Florida.	submits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt	Date		
OFFICERS	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CD ( WARE, EDWA 906 HARTFOR DELAND, FL	RD DR	Title: Name: Address: City-St-Zip:	CD (X) Change ( ) Addition WARE, EDWARD DR. 906 HARTFORD DR DELAND, FL 32724		
Title: Name: Address: City-St-Zip:	SD ( WEEKS, PATE 906 HARTFOF DELAND, FL	RD DR	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition CAMPBELL, JODI MRS. 521 BURTON LANE SANFORD, FL 32771		
Title: Name: Address: City-St-Zip:	TD ( WARE, YVON 906 HARTFOR DELAND, FL	RD DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition WEBB, JOSEPH DR. 601 S. GRANT ST. LONGWOOD, FL 32750		
Title: Name: Address:	(	) Delete	Title: Name: Address:	D ( ) Change (X) Addition RAMIREZ, WILLIAM REV. 747 BAYWOOD CIRCLE		

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.

City-St-Zip:

SANFORD, FL 32773

SIGNATURE: EDWARD M. WARE DR. 01/03/2006