


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90042 043 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000006150	
<b>1. Entity Name</b> GMC MINISTRIES INTERNATIONAL INC.	

<b>Principal Place of Business</b> 4033 SO MANHATTAN AVENUE 406 TAMPA FL 33611	<b>Mailing Address</b> P O BOX 13657 TAMPA FL 33681
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<b>2. Principal Place of Business</b> 4033 SO. MANHATTAN AVE. Suite, Apt. #, etc. 406	<b>3. Mailing Address</b> P.O. BOX 13657 Suite, Apt. #, etc.
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<b>City &amp; State</b> TAMPA, FLORIDA	<b>City &amp; State</b> TAMPA FLORIDA
<b>Zip</b> 33611	<b>Country</b> U.S.A.
<b>Zip</b> 33681	<b>Country</b> U.S.A.

<b>4. FEI Number</b> 73-1712723	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> POST, WARNER E 4033 SO MANHATTAN AVENUE TAMPA FL 33611	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

<b>FILE NOW: 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</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PC	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> POST, WARNER E		<b>NAME</b>	
<b>STREET ADDRESS</b> 4033 SO MANHATTAN AVENUE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> TAMPA FL 33611		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VC	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KNOX, VERLIE D		<b>NAME</b>	
<b>STREET ADDRESS</b> 4033 SO MANHATTAN AVENUE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> TAMPA FL 33611		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> ST	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> POST, GERALDINE C		<b>NAME</b>	
<b>STREET ADDRESS</b> 4033 SO MANHATTAN AVENUE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> TAMPA FL 33611		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Dr. Warner Post* - DR. WARNER POST 2/8/06 (813) 805-9785