

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 12, 2006 8:00 am
Secretary of State

05-02-2006 90169 015 ****61.25

DOCUMENT # N04000006706 1. Entity Name DIVINE TOUCH MISSION MINISTRIES, INC.					
Principal Place of Business 525 ISLAND COURT INDIAN HARBOUR BEACH, FL 32937			Mailing Address 525 ISLAND COURT INDIAN HARBOUR BEACH, FL 32937		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1366655	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLAS, KIM- 525 ISLAND COURT INDIAN HARBOUR BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____					
Filing Fee is \$81.25 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	ED BRAYAN, LARRY 525 ISLAND COURT INDIAN HARBOUR BEACH, FL 32937	<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	D DAVIS, OD 525 ISLAND COURT INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1900 Canterbury Road Rocky Mount, N.C. 27801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHALIK, KENT 1384 ROSEMARY DR MELBOURNE, FL 32935	<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	D NICHOLAS, KIM 525 ISLAND COURT INDIAN HARBOR BEACH, FL 32937	<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	Watson, Ian 11 Emerald Court Satellite Beach, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Watson, Ian 11 Emerald Court Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collins, Kevin 3987 Jefferson Street Carlsbad, CA 92008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Collins, Kevin 3987 Jefferson Street Carlsbad, CA 92008	
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: Kim Nicholas, Director			4/27/06 321-773-8713		