

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90092 001 ***228.75

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1. Entity Name
AVERY ACADEMY YOUTH MINISTRIES, INC.



Principal Place of Business
**2620 CONWAY ROAD
ORLANDO, FL 32812**

Mailing Address
**2620 CONWAY ROAD
ORLANDO, FL 32812**

66010539



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0187750	Applied For ☐
	Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AVERY, MARK
2620 CONWAY ROAD
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	AVERY, MARK
STREET ADDRESS	2620 CONWAY ROAD
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	D/VP
NAME	AVERY, PEGGY
STREET ADDRESS	2620 CONWAY ROAD
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	D/S
NAME	SPICKERMAN, NANCY
STREET ADDRESS	2620 CONWAY ROAD
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/06