2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N04000007321

Entity Name: THE STRAIGHT WAY OF GRACE MINISTRY, INC.

Current Principal Place of Business:

312 W MIAMI AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

312 W MIAMI AVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-1231182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAKDOK, USAMA
312 W MIAMI AVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DAKDOK, USAMA	
Address:	312 W MIAMI AVE	
City-St-Zip:	VENICE, FL 34285	
Title:	VD	( ) Delete
Name:	DAKDOK, VICKY	
Address:	312 W MIAMI AVE	
City-St-Zip:	VENICE, FL 34285	
Title:	TD	( ) Delete
Name:	ALBERT, GLENN C	
Address:	813 CINCY ST	
City-St-Zip:	VENICE, FL 34285	
Title:	SD	( ) Delete
Name:	BARNETT, WILLIAM H	
Address:	841 WATERSIDE #102	
City-St-Zip:	VENICE, FL 34285	
Title:	DT	( ) Delete
Name:	HODGE, THOMAS	
Address:	229 HARBOR DR	
City-St-Zip:	VENICE, FL 34285	
Title:	DT	( ) Delete
Name:	WOOD, JAMES	
Address:	1430 DONA WAY	
City-St-Zip:	NOKOMIS, FL 34275	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: GLENN C. ALBERT TD 04/18/2006

Electronic Signature of Signing Officer or Director — Date