


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N04000007827 1. Entity Name RE-BUILDING THE TOTAL PERSON, INC.		
Principal Place of Business 5743 BENEY RD JACKSONVILLE, FL 32207	Mailing Address 5743 BENEY RD JACKSONVILLE, FL 32207	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, FRED L 5743 BENEY RD JACKSONVILLE, FL 32207		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000476515 04/06/06-80014-014 70.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	WILLIAMS, FRED L	
STREET ADDRESS	7260 CRESCENT OAKS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	V	
NAME	WILLIAMS, VERONICE L	
STREET ADDRESS	7260 CRESCENT OAKS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	
NAME	FIELDS, JERRY	
STREET ADDRESS	401 MONUMENT RD APT 237	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	C	
NAME	KIRK, SIS. VERNA	
STREET ADDRESS	1803 HOLLY OAKS LAKE RD E	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	COC	
NAME	KIRK, BRO. LEMUEL	
STREET ADDRESS	1803 HOLLY OAKS LAKE RD E	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	FS	
NAME	THOMAS, SIS. KATHY A	
STREET ADDRESS	5645 NESBITT LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
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: <u>Veronice L. Williams</u> <u>3/16/06</u> <u>(904) 743-0548</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		