

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007829

1. Entity Name
REAL WORSHIP MINISTRIES, INC.



Principal Place of Business
**846 YORK WAY
MAITLAND, FL 32751**

Mailing Address
**846 YORK WAY
MAITLAND, FL 32751**



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
51-0517531

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMERSON, COY W III
846 YORK WAY
MAITLAND, FL 32751**

**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
NAME	JAMERSON, COY W III
STREET ADDRESS	846 YORK WAY
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	JAMERSON, MARY M
STREET ADDRESS	846 YORK WAY
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	JONES, WILLIAM M
STREET ADDRESS	4655 VINELAND ROAD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	NARDELLA, ANTHONY M JR
STREET ADDRESS	234 N WESTMORE DR SUITE 3000
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	O'CARROLL, MICHAEL P
STREET ADDRESS	PO BOX 309
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80058-006 61.25

**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 signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-06 407-830-9256