


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

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007837</b> 1. Entity Name <b>STEVE WHITNEY MINISTRIES, INC.</b>	
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Principal Place of Business  
7387 CLEARWATER DR  
SPRING HILL, FL 34606

Mailing Address  
7387 CLEARWATER DR  
SPRING HILL, FL 34606



05012006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1084075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>WHITNEY, STEVE 7387 CLEARWATER DR SPRING HILL, FL 34606</b>
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**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**

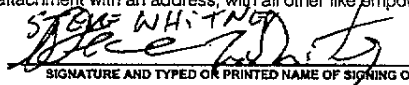
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITNEY, STEVE 7387 CLEARWATER DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITNEY, LATIKA 7387 CLEARWATER DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, TONJA 4870 PLANTERS RIDGE DR TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, HENRY 2524 SPRING FOREST ROAD TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LISA 942 CEDAR DR PO BOX 12403 BROOKSVILLE, FL 34603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563630  
05/20/06-80020-005 70.00

**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

**5-2-06 (352) 684 5654**  
Date Daytime Phone #