

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008692

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** JOUSETTE ANAYA MINISTRIES INC.

**Current Principal Place of Business:**

13957 GOLDEN RAIN TREE BLVD.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781301  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 52-2445900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANAYA, JOUSETTE R  
13957 GOLDEN RAIN TREE BLVD.  
ORLANDO, FL 32828 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: ANAYA, JOUSETTE R  
Address: 13957 GOLDEN RAIN TREE BLVD.  
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete  
Name: SANTIAGO, GLORIA  
Address: 1500 RIVER REACH DR. APT. 294  
City-St-Zip: ORLANDO, FL 32828

Title: SD ( ) Delete  
Name: CALDERON, EVELYN  
Address: 14426 AVALON RESERVE BLVD. APT. 306  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: SANTIAGO, GLORIA  
Address: 7160-2 GATESHEAD CIRCLE  
City-St-Zip: ORLANDO, FL 32822

Title: SD (X) Change ( ) Addition  
Name: CALDERON, EVELYN  
Address: 12 HAMPTON PLACE  
City-St-Zip: SICKLERVILLE, NJ 08081

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: DR. JOUSETTE ANAYA

PD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date