2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009144

FILED Aug 24, 2006 Secretary of State

Entity Name: SHECHANIAH RIVERS/SILVA S. STRACHAN MINISTRIES, INC.

Current Principal Place of Business:		New Principal Place of Business:	
195 BLANDING BLVD - STE 4A ORANGE PARK, FL 32073		6710 COLLINS ROAD 2413 JACKSONVILLE, FL 32244	
Current Mailing Address:		New Mailing Address:	
195 BLANDING BLVD - STE 4A ORANGE PARK, FL 32073		P.O. BOX 116880 CARROLLTON, TX 75011	
In accordan	: 75-3152815 FEI Number Applied For() FEI N nce with s. 607.193(2)(b), F.S., the corporation did not receiv I Address of Current Registered Agent:	•	
STRACHAN, SILVA S 2285 MARSH HAWK 6-206 ORANGE PARK, FL 32003 US		ANTIONETTE, DIXON 6710 COLLINS ROAD 2413 JACKSONVILLE, FL 32244 US	
	e named entity submits this statement for the purpose e of Florida.	of changing	its registered office or registered agent, or both,
SIGNATURE: ANTIONETTE DIXON			08/24/2006
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	VP () Delete HALL, VICTORIA 284 T.S. ELLIOT ST NEWPORT NEWS, VA 23606 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DIR () Delete WILLIS, KAREN 15495 COATESVILLE RD BEAVERDAM, VA 23015 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	M () Change (X) Addition DIXON, ANTIONETTE 6710 COLLINS ROAD JACKSONVILLE, FL 32244
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition JOHNSON, LILLIAN 7003 ROANKE AVENUE NEWPORT NEWS, VA 23605
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition MITCHELL, ANITA 5641 GATES LANDING RD. VIRGINIA BEACH, VA 23464
Title:	() Delete	Title: Name:	P () Change (X) Addition STRACHAN, SILVA W

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: SILVA STRACHAN P 08/24/2006