2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010525

1. Entity Name

INTERNATIONAL MINISTRIES OF ROATAN INCORPORATED

Principal Place of Business	Mailing Address
4033 S MANHATTAN AVE SUITE 406 TAMPA FL 33611	PO BOX 13657 TAMPA FL 33681

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
4033 So. MANHATTAN Ave.		P.O. BOX 13657	
Suite, Apt. #, etc. 406		Suite, Apt. #, etc.	
City & State: TAMPA, FLORIDA		City & State: TAMPA, FLORIDA	
Zip: 33611	Country: U.S.A.	Zip: 33681	Country: U.S.A.

4. FEI Number 56-2492481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POST, WARNER
4033 S MANHATTAN AVE SUITE 406
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 acc[epts] 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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PC	☐ Delete	TITLE	☐ Change ☐ Add
NAME	POST, WARNER		NAME	U00000433643
STREET ADDRESS	4033 S MANHATTAN AVE SUITE 406		STREET ADDRESS	02/24/06--80025--022 61.25
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	
TITLE	VC	☐ Delete	TITLE	☐ Change ☐ Add
NAME	KNOX, VERLIE D		NAME	
STREET ADDRESS	4033 S MANHATTAN AVE SUITE 406		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	
TITLE	TS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	POST, GERALDINE		NAME	
STREET ADDRESS	4033 S MANHATTAN AVE SUITE 406		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat[ion] 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 dire[ctor] 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARNER POST 2/6/06