

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

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000011631**

1. Entity Name

**YOUTH ABLAZE MINISTRIES, INC.**



Principal Place of Business

**110 MYRTLEWOOD DR.  
PENSACOLA FL 32505-7017**

Mailing Address

**110 MYRTLEWOOD DR.  
PENSACOLA FL 32505-7017**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**34-2027214**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICKLES, DANNIE  
110 MYRTLEWOOD DR  
PENSACOLA FL 32503-7017**

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 accept the obligations of registered agent.

SIGNATURE

*Dannie Mickles*

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 **D** ☐ Delete  
NAME **MICKLES, DANNIE**  
STREET ADDRESS **110 MYRTLEWOOD DRIVE**  
CITY-STATE-ZIP **PENSACOLA FL 32503-7017**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **MICKLES, MOLMAN**  
STREET ADDRESS **110 MYRTLEWOOD DRIVE**  
CITY-STATE-ZIP **PENSACOLA FL 32503-7017**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **MILLENDER, DEBORAH**  
STREET ADDRESS **1265 OAKRIDGE TRL**  
CITY-STATE-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **WILLOUGHBY, BARBARA**  
STREET ADDRESS **401 N. S. STREET**  
CITY-STATE-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **MILLENDER, ROBERTA**  
STREET ADDRESS **1265 OAKRIDGE TRL**  
CITY-STATE-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **HALL, SHAWYNE**  
STREET ADDRESS **8325 BRIESE LANE**  
CITY-STATE-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

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 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:

*Dannie Mickles*