

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

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90001 044 \*\*\*\*70.00

**DOCUMENT # N04000012100**  
 1. Entity Name  
**HEAVEN'S GARDEN MINISTRIES, INC.**



Principal Place of Business  
**629 SOUTH RIDGEWOOD AVENUE  
 DAYTONA BEACH, FL 32114**

Mailing Address  
**629 SOUTH RIDGEWOOD AVENUE  
 DAYTONA BEACH, FL 32114**

**50026407**



2. Principal Place of Business  
**4333 Douglas Ferry Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 516**  
 Suite, Apt. #, etc.

08152006 Chg-NP CR2E037 (4/06)

City & State  
**CARYVILLE, FL**

City & State  
**BONIFAY, FL**

Zip  
**32427** Country  
**WASHINGTON**

Zip  
**32425** Country

4. FEI Number  
**20-2025751**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOWERS, AIDA  
 629 SOUTH RIDGEWOOD AVENUE  
 DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent  
 Name **AIDA SPINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4333 Douglas Ferry Rd.**  
 City **CARYVILLE** FL Zip Code **32427**

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 *Aida Spina* DATE 8-15-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**- Filing Fee is \$61.25  
 Due by September 6, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, AIDA 822 STATE AVENUE HOLLY HILL, FL 32117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTMEYER, KELLY 2429 SOUTH PENINSULA DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MARK 401 SOUTH MONROE STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIDA SPINA 4333 Caryville Douglas Ferry Rd. Caryville, FL 32427	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Aida Spina* DATE 8-15-06 DAYTIME PHONE # 850-323-7843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #