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

SIGNATURE:

Feb 13, 2006 8:00 am Secretary of State DOCUMENT # N0500000035 - -1. Entity Name 02-13-2006 90024 037 ****61.25 BOB HEIER MINISTRIES, INC. Principal Place of Business Mailing Address 802 DESOTO AVE. 802 DESOTO AVE. LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address 4115 12 8 8 W 4115 124 ST W Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Lee Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEIER ROBERT
Street Address (P.O. Box Number is Not Acceptable) HEIER, ROBERT 802 DESOTO AVE. LEHIGH ACRES FL 33936 124 St W Zip Code 339 ehish Acres 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. ADURESS CARRESTION SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to v \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE | Change | C HEIER, ROBERT NAME STREET ADDRESS 802 DESOTO AVE. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP ☐ Delete TITLE TITLE HEIER, SALLY NAME NAME STREET ADDRESS 802 DESOTO AVE. STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP CITY-ST-7IP ☐ Delete SUMASKY, HEIDI STREET ADDRESS 800 DESOTO AVE. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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.

FILED

2-1-06 239-694-3628