## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000261

FILED Jul 24, 2006 Secretary of State

Entity Name: MANSION MINISTRIES INTERNATIONAL CHRISTIAN CENTER INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
9580 GLACIER ST. MIRAMAR, FL 33025		
Current Mailing Address:		New Mailing Address:
9580 GLACIER ST. MIRAMAR, FL 33025		
FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:		
ivallie allu	Address of Current Registered Agent.	Name and Address of New Registered Agent.
ALLEN, FREDERICK C SR. 9580 GLACIER ST. MIRAMAR, FL 33025 US		
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.		
SIGNATURE:		
	Electronic Signature of Registered Agent	 Date
OFFICEDS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name:	TD () Delete EALY, LUCILL	Title: ( ) Change ( ) Addition  Name:
Address:	1079 NW 54TH ST.	Address:
City-St-Zip:	MIAMI, FL 33127	City-St-Zip:
Title:	VD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	SCULL, MARY	Name:
Address:	9580 GLACIER ST.	Address:
City-St-Zip:	MIRAMAR, FL 33025	City-St-Zip:
Title:	PD ( ) Delete	Title: PD (X) Change ( ) Addition
Name:	ALLEN, SUSANNE	Name: ALLEN, GLORIA
Address: City-St-Zip:	1800 NW 119TH ST., #104 MIAMI, FL 33167	Address: 9580 GLACIER STREET City-St-Zip: MIRAMAR, FL 33025
Oity Ot Zip.	1011/1011, 1 E 33107	Oity of Zip. Will of Wall of the Control of the Con
Title:	SD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	WRIGHT, JULIA C 9580 GLACIER ST.	Name: Address:
Address: City-St-Zip:	MIRAMAR, FL 33025	City-St-Zip:
T:41	OD () Palata	Title
Title: Name:	SD () Delete WHITTAKER, MABLE	Title: ( ) Change ( ) Addition  Name:
Address:	9580 GLACIER ST.	Address:
City-St-Zip:	MIRAMAR, FL 33025	City-St-Zip:

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: FREDERICK C. ALLEN RA 07/24/2006