## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000625

Entity Name: GI MINISTRIES, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 WEST CALL STREET 2700 NORTH NARCOOSSEE ROAD STARKE, FL 32091 SAINT CLOUD, FL 34771 US

Current Mailing Address: New Mailing Address:

100 WEST CALL STREET P.O. BOX 700220

STARKE, FL 32091 SAINT CLOUD, FL 34770

FEI Number: 37-1503279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICE, BARRY D

100 WEST CALL STREET

STARKE, FL 32091 US

RICE, CHRISTINA L TRES.

131 RACHEL LIN LANE

SAINT CLOUD, FL 34771 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: CHRISTINA L. RICE 04/28/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition Name: RICE, BARRY D Name: RICE, BARRY D PRES

Address: 100 WEST CALL STREET Address: 131 RACHEL LIN LANE
City-St-Zip: STARKE, FL 32091 City-St-Zip: ST. CLOUD, FL 34771

Title: D ( ) Delete Title: TRES (X) Change ( ) Addition
Name: RICE, CHRISTINA L Name: RICE, CHRISTINA L TRES
Address: 100 WEST CALL STREET Address: 131 RACHEL LIN LANE

Address: 100 WEST CALL STREET Address: 131 RACHEL LIN LANE
City-St-Zip: STARKE, FL 32091 City-St-Zip: ST. CLOUD, FL 34771

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SEC.} \qquad ({\sf X}) \, {\sf Change} \ (\ ) \, {\sf Addition}$ 

 Name:
 SHELL, BRIAN J
 Name:
 SHELL, BRIAN J SEC

 Address:
 100 WEST CALL STREET
 Address:
 41 GEORGIA AVE.

 City-St-Zip:
 STARKE, FL 32091
 City-St-Zip:
 ST. CLOUD, FL 34769

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: BARRY RICE PRES 04/28/2006