

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90168 018 ****61.25

DOCUMENT # N05000000965

1. Entity Name
ALABASTER BOX MINISTRIES, INC.



Principal Place of Business
**PO BOX 141193
GAINESVILLE, FL 32693-1193**

Mailing Address
**PO BOX 141193
GAINESVILLE, FL 32693-1193**

40069159



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162006 Chg-NP CR2E037 (11/05)

4. FEI Number

11:3741183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOODBURY, WILLIAM C JR
1004 NW 94 STREET
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE ☐ Delete
NAME **EDF**
STREET ADDRESS **SMITH, JENNIFER**
CITY - ST - ZIP **11414 SW 61 ST
GAINESVILLE, FL 32608**

TITLE ☐ Delete
NAME **CPRD**
STREET ADDRESS **COOK, ERIN**
CITY - ST - ZIP **11530 NW 8TH LANE
GAINESVILLE, FL 32606**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WOODBURY, WILLIAM C JR**
CITY - ST - ZIP **1004 NW 94 STREET
GAINESVILLE, FL 32606**

TITLE ☐ Delete
NAME **VC**
STREET ADDRESS **BAKER, LOREN**
CITY - ST - ZIP **6000 SE 60TH ST
TRENTON, FL 32693**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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: William C. Woodbury, Jr. William C. Woodbury, Jr. 4/25/06 352-332-5092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #