2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001293

GINGRAS, DOROTHY

1307 S LAKEMONT DR

COCOA, FL 32922

Name: Address:

City-St-Zip:

Entity Name: STARTING OVER MINISTRIES INC

FILED Mar 30, 2006 Secretary of State

Entity Name: STARTING OVER MINISTRIES, INC.				
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
PO BOX 236432 COCOA, FL 329236432		PO BOX 238421 COCOA, FL 32923842	PO BOX 238421 COCOA, FL 329238421	
Current N	Mailing Address:	New Mailing Address	:	
PO BOX 236432 COCOA, FL 329236432		PO BOX 238421 COCOA, FL 32923842	PO BOX 238421 COCOA, FL 329238421	
FEI Number	: 20-2345110 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		t: Name and Address of	Name and Address of New Registered Agent:	
1307 S LA COCOA, F The above in the Stat	e named entity submits this statement for t e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: Electronic Signature of Registered	l Aaent	 Date	
OFFICERS AND DIRECTORS:		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete GINGRAS, ROBERT 1307 S LAKEMONT DR COCOA, FL 23922	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () Delete BURNS, TOM 1135 N WICKHAM RD #128 MELBOURNE, FL 32955	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MORSE, WILLIAM 1080 N FISKE BLVD #L1 COCOA, FL 32922	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete EATON, ROSELLEN 200 S SYKES CREEK PKWY #308 MERRITT ISLAND, FL 32952	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT GINGRAS D 03/30/2006