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

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N05000001572 1. Entity Name 04-24-2006 90365 007 ****61.25 EVANGELICAL MISSION INSPIRATION DIVINE, INC. Principal Place of Business Mailing Address 4257 17TH AVE. SW NAPLES FL 34116 4257 17TH AVE. SW NAPLES FL 34116 2. Principal Place of Business 17 to Ave S.W 1st MOORE CR2E037 (10/05) Applied For City & State X Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent of Current Registered Agent DECEMBRE, JEAN J REV. 4257 17TH AVE. SW NAPLES FL 34116 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. -12-2006 SIGNATURE ± FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete ☐ Change TITLE TITLE DECEMBRE, JEAN J REV. NAME NAME 4257 17TH AVE. SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP Rev. Frito Pierre Mona 4290 Pearl Harbor DR Naples, FL 34 ☐ Addition TITLE X Delete TITLE SIMEON, JEAN C REV. NAME NAME 2197 55TH STREET SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE VALCIN, TORES NAME STREET ADDRESS STREET ADDRESS 2081 16TH AVE SW NAPLES FL 33117 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poor 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

4-12-2006