

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001919

FILED
Jun 28, 2006
Secretary of State

Entity Name: SPIGOT MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

224 OAK LANE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

224 OAK LANE
TAMPA, FL 33610

New Mailing Address:

P O BOX 2145
MANGO, FL 33550

FEI Number: 30-0308538 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

LYNCH, GARY R
224 OAK LANE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: LYNCH, GARY R
Address: 224 OAK LANE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: CARTER, AYMAR B
Address: 224 OAK LANE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: NELSON, GREGORY V
Address: 7609 PINE HILL DR.
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: GOODSON, STEPHEN
Address: 7130 LITHIA PINECREST RD.
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: GOODSON, JULIE
Address: 7130 LITHIA PINECREST RD.
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GARY R LYNCH

Electronic Signature of Signing Officer or Director

P-ED

06/28/2006

Date