

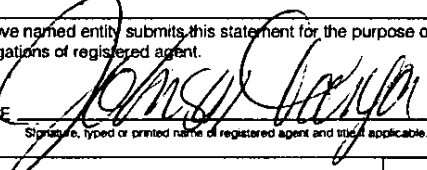
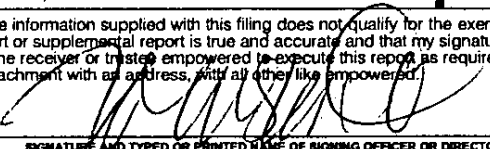


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002395 1. Entity Name ETERNAL HOME AND WECARE OUTREACH MINISTRY, INC.					
Principal Place of Business 3502 EDISON AVENUE FORT MYERS, FL 33916				Mailing Address 3502 EDISON AVENUE FORT MYERS, FL 33916	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 09152006 Chg-NP CR2E037 (4/06) 601-1455045	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, RANDOLPH A 17290 REWIS ROAD ALVA, FL 33920-5522				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and trust, applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 9/11/06	
Filing Fee is \$61.25 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, BRAD <input type="checkbox"/> Delete 16984 TIMBERLAKES DRIVE FORT MYERS, FL 339085322			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCLONA, TANYA <input type="checkbox"/> Delete 2235 NW FIRST AVENUE CAPE CORAL, FL 33903			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONG, DONALD F REV. <input type="checkbox"/> Delete 16161 SADDLEWOOD LANE CAPE CORAL, FL 339917528			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, RANDOLPH W REV. <input type="checkbox"/> Delete 17290 REWIS ROAD ALVA, FL 339205522			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, ANTHONY PASTOR <input type="checkbox"/> Delete 3975 E MICHIGAN AVENUE FORT MYERS, FL 339054611			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, TRISHA <input type="checkbox"/> Delete 3975 E MICHIGAN AVENUE FORT MYERS, FL 339054611			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 9/11/06 Daytime Phone # 239-634-1560	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA