

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2006**  
**Secretary of State**

DOCUMENT# N05000002522

Entity Name: APOSTLE J. L. CASH MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

7862 W IRIO BRONSON HWY  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

7862 W IRIO BRONSON HWY  
KISSIMMEE, FL 34747

**New Mailing Address:**

FEI Number: 20-2511178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

CASH, J.L. SR.  
7862 W IRIO BRONSON HWY  
KISSIMMEE, FL 34747    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: P                    ( ) Delete  
Name: CASH, J.L. SR.  
Address: 7862 W IRIO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34747

Title: S                    ( ) Delete  
Name: CASH, B.L.  
Address: 7862 W IRIO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34747

Title: T                    ( ) Delete  
Name: FISHER, E.M.  
Address: P.O.BOX 16973  
City-St-Zip: ST PETERSBURG, FL 33733

Title:                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: CFO                ( ) Change (X) Addition  
Name: CASH, J. R  
Address: 7862 W. IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34747

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: B.L. CASH

S

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date