2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

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DOCUMENT # N05000003201 1. Entity Name THE MINISTRIES OF JERICHO, INC.							40UJ4	5 90179 009 Juv	9 *************************************	.45
,	e of Business EVIEW CIRCLE #207 33634	730	ng Address 19 BRIDGEVIEW CIRI IPA, FL 33634	CLE #20)7		_	1.		1411 1 1 1881
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			03312006	Chg-NP		7 (11/05)	
City & State			City & State			4. FEI Number	59 - 3	19966	8 No	oplied For ot Applicable
Zip	Country	2	ip	C	intry	5. Certificate of		₄ D 5	88.75 Add ee Require	
	6. Name and Address of Cur	rent Registe	red Agent_			7. Name and	Address of Ne	w Registered A	gent	
	VERMELL PASTOR DGEVIEW CIRCLE #207 L 33634				Name Street Addre	ess (P.O. Box Numbe	is Not Accept	able)	-	
					City			FL	Zip Cod	е
SIGNATURE .	Signature, typed or printed name of registered Filling Fee is \$61.25	agent and title if a	9. Election Can	npaign F	inancing	quired when reinstating) \$5,00 May Be	· .	Make check		
SIGNATURE .	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2006		9. Election Can Trust Fund C	npaign F	inancing		F			
SIGNATURE .	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND		9. Election Can Trust Fund C	npaign F	inancing	\$5.00 May Be	F	Make check lorida Depart	ment of St	tate
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SIGNATURE . 10. TIILE NAME STREET ADDRESS	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS ANI P GRAHAM, VERMELL PASTO 7309 BRIDGEVIEW CIRCLE	O DIRECTOR OR #207	9. Election Car Trust Fund C	npaign F Contributi 11. IITLE NAMM STRE CITY TITLE NAMM STRE	inancing ion. E E E E ST-ZIP	\$5.00 May Be Added to Fees	F	Make check lorida Depart ICERS AND DIR	ECTORS IN	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Design Printed Name of Signing OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP