2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003507

FILED Sep 05, 2006 Secretary of State

Entity Na	me: COINS FOR CHRIST, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
	NRIDGE DRIVE HILL, FL 34609	2599 GLENRIDGE DRIVE SPRING HILL, FL 34609 US		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	NRIDGE DRIVE HILL, FL 34609	2599 GLENRIDGE DRIVE SPRING HILL, FL 34609 US		
	: 20-2741210 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not r	FEI Number Not Applicable () Certificate of Status Desire	d()	
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:		
2599 GLEI SPRING H The above	WILLIAM C NRIDGE DRIVE HILL, FL 34609 US e named entity submits this statement for the pure of Florida.	pose of changing its registered office or registered agent,	or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Agent	Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete COOLEY, WILLIAM C 2599 GLENRIDGE DRIVE SPRING HILL, FL 34609	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete MILLER, LINDA 2599 GLENRIDGE DRIVE SPRING HILL, FL 34609	Title: D (X) Change () Addition Name: MILLER, LINDA C Address: 6300 W. LINDEN DRIVE City-St-Zip: HOMOSASSA, FL 34446 US		
Title: Name: Address: City-St-Zip:	D () Delete COLLEY, HARVEY L 2599 GLENRIDGE DRIVE SPRING HILL, FL 34609	Title: D (X) Change () Addition Name: COOLEY, HARVEY L Address: 5125 FOX LAKE DRIVE City-St-Zip: HERNANDO, MS 38632 US		

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: WILLIAM C. COOLEY **PRES** 09/05/2006