


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90005 020 \*\*\*\*70.00

<b>DOCUMENT # N05000003641</b> 1. Entity Name <b>THE FISHERMAN'S MINISTRY, INC.</b>					
Principal Place of Business <b>314 MILL CREEK COURT SE LAKE CITY, FL 32025</b>			Mailing Address <b>314 MILL CREEK COURT SE LAKE CITY, FL 32025</b>		
2. Principal Place of Business <b>159 NW Rosemary Ct.</b>		3. Mailing Address <b>PO Box 3657</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Lake City</b>			
City & State <b>Lake City FL</b>		City & State <b>Florida</b>		4. FEI Number <b>87-0744362</b>	
Zip <b>32055</b>		Country <b>Columbia</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>32056</b>		Country <b>Columbia</b>		6. Name and Address of Current Registered Agent <b>HARKEY, BURL D 314 MILL CREEK COURT SE LAKE CITY, FL 32025</b>	
7. Name and Address of New Registered Agent Name <b>Harkey Burl D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>159 NW Rosemary Ct.</b> City <b>Lake City</b> FL <b>32055</b>		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.			
SIGNATURE <u><i>Burl D. Harkey</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>7-16-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKEY, BURL D 314 MILL CREEK COURT SE LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harkey Burl D. 159 NW Rosemary Ct. Lake City FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKEY, LORI A 314 MILL CREEK COURT SE LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harkey Lori A. 159 NW Rosemary Ct. Lake City FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BILL 8515 SE CR 245 LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without other like empowered.					
<b>SIGNATURE:</b> <u><i>Burl D. Harkey</i></u> <u>7-16-06</u> <u>386-758-2289</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					