

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004429

FILED
Apr 28, 2006
Secretary of State

Entity Name: CHURCH PLANTING AMERICA, INC

Current Principal Place of Business:

10482 HAMLET TERRACE
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10482 HAMLET TERRACE
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAKER, CHARLES T
10482 HAMLET TERRACE
JACKSONVILLE, FL 32221 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: D () Delete
Name: SHOEMAKER, CHARLES T
Address: 10482 HAMLET TERRACE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: MCMILLAN, HOMER
Address: 10493 TIMBER CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: SCHAFER, DENNIS
Address: 168 CURTIS CROSSROADS
City-St-Zip: HENDERSONVILLE, TN 37075

Title: D () Delete
Name: WHITE, DONALD
Address: 4121 YEARGAN ROAD
City-St-Zip: MURFREESBORO, TN 37128

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES T. SHOEMAKER

DR.

04/28/2006

Electronic Signature of Signing Officer or Director

Date