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

## May 03, 2006 8:00 am Secretary of State **DOCUMENT # N05000005151** 05-03-2006 90247 038 \*\*\*\*63.00 JORDAN'S RUN MINISTRIES INC. Principal Place of Business Mailing Address 2568 ARAPAHO STREET P. O. BOX 51105 SARASOTA, FL 34231 US SARASOTA, FL 34232-0309 "一、一、"晚季 2. Principal Place of Business 3. Mailing Address 2198 Princeton Street Suite, Apt. #, etc. Suite # 4 Suite, Apt. #, etc. 04292006 Chg-NP CR2E037 (4/06) City & State City & State 4. FE! Number Applied For Florida 27-0123525 <u>Sarasota</u> Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired USA 34237 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VELMARTIN, KAREN C Street Address (P.O. Box Number is Not Acceptable) 100 SIGNAL POINT CIRCLE #107 SARASOTA, FL 34237 City Zio Code 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 .. Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILLE ☐ Detete TITLE NAME VELMARTIN, KAREN C NAME STREET ADDRESS 100 SIGNAL POINT CIRCLE #107 STREET ADDRESS CTTY-ST-7IP SARASOTA, FL 34237 CITY-ST-78P VPD TITLE ☐ Delete ☐ Change TIME ☐ Addition NUMF VELMARTIN, JONAVI Z 100 SIGNAL POINT CIRCLE #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP TITLE ☐ Delete TITE F Chance ☐ Addition BUTLER, GWENDOLYN J NAME STREET ADDRESS **1521 31ST STREET** STREET ADDRESS CTIY-ST-7P SARASOTA, FL 34234 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Chance: ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P MLE ☐ Delete mr ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 outh; that if am an officer or director of the corporation or the regioner 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! Jaum

IG OFFICER OR DORECTON

FILED