


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 APR 27 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005791					
1. Entity Name TOTAL MAN MINISTRIES, INC.					
Principal Place of Business 222 DORSEY SMITH LANE QUINCY, FL 32352-6727			Mailing Address 222 DORSEY SMITH LANE QUINCY, FL 32352-6727		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				04212006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNOX, VIVIAN 198 DORSEY SMITH LANE QUINCY, FL 32352-6727				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip 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 <u>Vivian Y. Knox</u> DATE <u>04/27/2006</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, ANTHONY L SR.		NAME		
STREET ADDRESS	198 DORSEY SMITH LANE		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 323526727		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, VIVIAN		NAME		
STREET ADDRESS	198 DORSEY SMITH LANE		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 323526727		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, VINCENT		NAME		
STREET ADDRESS	674 HENRY JONES RD.		STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE, FL 32362		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLLOUD, RONALD		NAME		
STREET ADDRESS	108 ASTOR AVE.		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32362		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Anthony L. Knox Sr</u> DATE <u>04/27/06</u> (850) 980-5877					
Signature, typed or printed name of signing officer or director					



04212006 Chg-NP CR2E037 (11/05)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip 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 Vivian Y. Knox DATE 04/27/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KNOX, ANTHONY L SR.	
STREET ADDRESS	198 DORSEY SMITH LANE	
CITY-ST-ZIP	QUINCY, FL 323526727	
TITLE	S	<input type="checkbox"/> Delete
NAME	KNOX, VIVIAN	
STREET ADDRESS	198 DORSEY SMITH LANE	
CITY-ST-ZIP	QUINCY, FL 323526727	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SMITH, VINCENT	
STREET ADDRESS	674 HENRY JONES RD.	
CITY-ST-ZIP	WOODVILLE, FL 32362	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCLLOUD, RONALD	
STREET ADDRESS	108 ASTOR AVE.	
CITY-ST-ZIP	QUINCY, FL 32362	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Anthony L. Knox Sr DATE 04/27/06 (850) 980-5877

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

115790