

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006595

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: DEBRA FLINN MINISTRIES INC.

**Current Principal Place of Business:**

2105 N.E. 9TH AVE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

2105 N.E. 9TH AVE  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 84-1686191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLINN, DANA  
2105 N.E. 9TH AVE  
CAPE CORAL, FL 33909      US

**Name and Address of New Registered Agent:**

FLINN, DANA R  
2105 N.E. 9TH AVE  
CAPE CORAL, FL 33909      US

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: DANA R. FLINN

02/21/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLINN, DANA  
Address: 2105 N.E. 9TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete  
Name: FLINN, DEBRA  
Address: 2105 N.E. 9TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete  
Name: BRADFORD, TAMMY  
Address: 2105 N.E. 9TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BRADFORD, TAMMY  
Address: 2105 N.E. 9TH. AVE.  
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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: DANA R. FLINN

D

02/21/2006

Electronic Signature of Signing Officer or Director

Date