
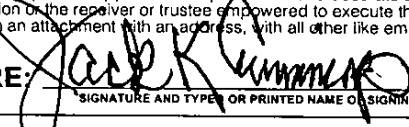


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90173 020 ****61.25

DOCUMENT # N05000008005 1. Entity Name DAWSON FAMILY MINISTRIES, INC.					
Principal Place of Business 8421 BAYMEADOWS WAY SUITE 3 JACKSONVILLE, FL 32256			Mailing Address 8421 BAYMEADOWS WAY SUITE 3 JACKSONVILLE, FL 32256		
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 20-4725940					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CUMMINGS, JACK 8421 BAYMEADOWS WAY SUITE 3 JACKSONVILLE, FL 32256			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, JACK 8421 BAYMEADOWS WAY SUITE3 JACKSONVILLE, FL 32256 <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	D DAWSON, JERALD 440 DUNBAR ROAD WAUCONDA, IL 60084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Change of address only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Timber Trail Island Lake, IL 60084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, JOSEPH 34924 HELEN COURT INGLESIDE, IL 60041 <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	D DAWSON, MICHAEL 715 STOCKTON ROAD FRONT ROYAL, VA 22630 <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 all other like empowered.					
SIGNATURE 			JACK K. Cummings		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/27/06 <small>Daytime Phone #</small> 904732-9567		

40065767



04202006 Chg-NP CR2E037 (11/05)

ATTACHMENT
JOSEPH L. VAUGHN, JR., P.A.
ATTORNEY AT LAW

40065767

#N0500008005

2468 Atlantic Boulevard
Jacksonville, Florida 32207

(904) 346-0013
Facsimile (904) 396-9778
Also Admitted in Alabama

April 26, 2006

Department of State
Division of Corporations
Corporate Filings
2670 Executive Center Circle
Suite 100
Tallahassee, FL. 32301

via Express U.S. Mail
EQ 504132867 US

RE: 2006 Not-For-Profit Corporation Annual Report
My Client: Dawson Family Ministries, Inc.
Document Number: N0500008005

Dear Division of Corporations:

ENCLOSURES

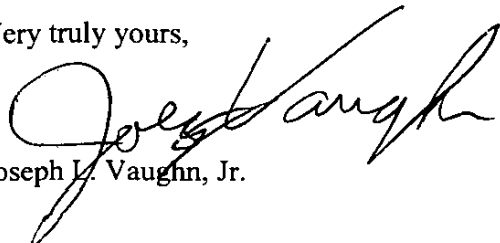
Enclosed are the following documents:

1. Original 2006 Florida Not-For-Profit Corporation Annual Report.
2. Check No. 5853, for \$61.25 (from Christian Light Foundation, Inc., on behalf of Dawson Family Ministries, Inc.)
3. Copy of 2006 Florida Not-For-Profit Corporation Annual Report (for date stamping and return).
4. Self-addressed, postage prepaid envelope.

In compliance with Florida Law, enclosed is the original executed 2006 Florida Not-For-Profit Corporation Annual Report for my client, Dawson Family Ministries, Inc., with the required filing fee of \$61.25. Please date stamp and return the enclosed copy of the Annual Report to me in the enclosed self-addressed, postage prepaid envelope.

Thank you for your attention to this matter. Please call me if any additional information is needed.

Very truly yours,


Joseph L. Vaughn, Jr.

JLV/alk
CC: Dawson Family Ministries, Inc.