

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008547

FILED
Aug 23, 2006
Secretary of State

Entity Name: NANCY TOWNSEND MINISTRIES, INC.

Current Principal Place of Business:

5608 FESTIVO DR
HOLIDAY, FL 34690

New Principal Place of Business:

7142 STEINBECK WAY
APT. 104
TRINITY, FL 34655

Current Mailing Address:

5608 FESTIVO DR
HOLIDAY, FL 34690

New Mailing Address:

7142 STEINBECK WAY
104
TRINITY, FL 34655

FEI Number: 71-0988540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOWNSEND, NANCY PASTOR
5608 FESTIVO DR
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

TOWNSEND, NANCY PASTOR
7142 STEINBECK WAY
104
TRINITY, FL 34655 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: _____

08/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOWNSEND, NANCY PASTOR
Address: 5608 FESTIVO DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: RAMSEY, KEOMI
Address: 2829 BLUFFVIEW DR
City-St-Zip: LEWISVILLE, TX 75067

Title: D () Delete
Name: BILLINGSLEY, MARIE
Address: 2825 E CLARK ST, APT. B
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOWNSEND, NANCY PASTOR
Address: 7142 STEINBECK WAY, APT. 104
City-St-Zip: TRINITY, FL 34655

Title: S (X) Change () Addition
Name: RAMSEY, KEOMI
Address: 2829 BLUFFVIEW DR
City-St-Zip: LEWISVILLE, TX 75067

Title: S (X) Change () Addition
Name: BILLINGSLEY, MARIE
Address: 2825 E CLARK ST, APT. B
City-St-Zip: TAMPA, FL 33605

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: NANCY TOWNSEND

P

08/23/2006

Electronic Signature of Signing Officer or Director

Date