2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000008729

Entity Name: WITNESSES FOR CHRIST MINISTRIES, INC

Current Principal Place of Business:

5353 ALPHA
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5353 ALPHA
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 26-0125474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RONES, GAIL
5353 ALPHA
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RONES, CHRISTOPHER L
Address: 5353 ALPHA
City-St-Zip: JACKSONVILLE, FL 32205

Title: V ( ) Delete
Name: RONES, GAIL D
Address: 5353 ALPHA
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete
Name: HAMLER, NICOLE
Address: 10535 LEM TURNER RD APT 903
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RONES, CHRISTOPHER L
Address: 5353 ALPHA AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: V (X) Change ( ) Addition
Name: RONES, GAIL D
Address: 5353 ALPHA AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SEC (X) Change ( ) Addition
Name: STEVENS, GREGORY R
Address: 5353 ALPHA AVE
City-St-Zip: JACKSONVILLE, FL 32205

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: CHRISTOPHER L. RONES PRES 04/28/2006

Electronic Signature of Signing Officer or Director — Date