

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N05000009022

Entity Name: THE A.C.O.J. NEW SEASON MINISTRIES, INC.

Current Principal Place of Business:

2708 EAST OSBORNE AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 310 427
TAMPA, FL 33680

New Mailing Address:

FEI Number: 20-3352946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, SAMUEL PASTOR
11302 CRESTLAKE VILLAGE DRIVE
RIVERVIEW, FL 33569 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: WASHINGTON, SAMUEL PASTOR
Address: 11302 CRESTLAKE VILLAGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: WASHINGTON, YOLANDA
Address: 11302 CRESTLAKE VILLAGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: DAYS, COLLEEN
Address: 1545 OAK STREET
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: FELTON, JAMES
Address: 5610 BONITA VISTA WAY, APT. #114
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: ELLIS, SHARRI
Address: 5803 BITTER ORANGE AVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SAMUEL LEE WASHINGTON

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date