

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009218

FILED
May 01, 2006
Secretary of State

Entity Name: EVERYDAY MINISTRIES, INC.

Current Principal Place of Business:

951 N PARK AVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

951 N PARK AVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

GABRIEL, SOTO
511 ELDRON AVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

JSN FINANCIAL SERVICES, INC
511 ELDRON AVE
DELTONA, FL 32738 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: GABRIEL SOTO

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAIG, RONALD K REV.
Address: 3382 PLAYERS POINT LOOP
City-St-Zip: APOPKA, FL 32712 US

Title: VP () Delete
Name: CRAIG, KELLY
Address: 3382 PLAYERS POINT LOOP
City-St-Zip: APOPKA, FL 32712 US

Title: SECT () Delete
Name: SCOTT, RYAN N
Address: 249 MORNING CREEK CIR
City-St-Zip: APOPKA, FL 32712 US

Title: TRES () Delete
Name: SOTO, GABRIEL
Address: 511 ELDRON AVE
City-St-Zip: DELTONA, FL 32738 US

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:

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: RONALD CRAIG

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date