

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90359 021 ****61.25

DOCUMENT # N05000009754 1. Entity Name MURRAY REEVES FAITH & BELIEF OUTREACH MINISTRIES, INC					
Principal Place of Business 390 SE COUNTY ROAD 337 TRENTON, FL 32693 US			Mailing Address 390 SE COUNTY ROAD 337 TRENTON, FL 32693 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3523413	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REEVES, MURRAY F 390 SE COUNTY RD 337 TRENTON, FL 32693				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) 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					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	REEVES, MURRAY F				
CITY - ST - ZIP	390 SE COUNTY RD 337 TRENTON, FL 32693				
TITLE	S/TD	<input type="checkbox"/> Delete			
NAME	REEVES, KATHRYN H				
STREET ADDRESS	390 SE COUNTY RD 337				
CITY - ST - ZIP	TRENTON, FL 32693				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	KEEN, TSCHARNA N				
STREET ADDRESS	1534 SW DEKLE RD				
CITY - ST - ZIP	LAKE CITY, FL 32024				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	ARRINGTON, HOPE				
STREET ADDRESS	7239 SE 80TH STREET				
CITY - ST - ZIP	TRENTON, FL 32693				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 817, 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: <i>Kathryn H. Reeves</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4-28-06					
Daytime Phone #					

66018926

