

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009996

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: DIANE MANN MINISTRIES, INC.

## Current Principal Place of Business:

1237 NE FOURTH AVENUE  
FT. LAUDERDALE, FL 33304

## New Principal Place of Business:

## Current Mailing Address:

1237 NE FOURTH AVENUE  
FT. LAUDERDALE, FL 33304

## 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:

## Name and Address of New Registered Agent:

MANN, DIANE DR.  
1237 NE FOURTH AVENUE  
FT. LAUDERDALE, FL 33304 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MANN, DIANE DR.  
Address: 1237 NE FOURTH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: ALLEN, DEBRA DR.  
Address: 890 NW 168TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: HYATT, NOAH BISHOP  
Address: 2130 NW 26TH ST  
City-St-Zip: FT. LAUDERDALE, FL 33311

## 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:

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: DIANE MANN

DR.

07/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date