

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010186

FILED
Apr 25, 2006
Secretary of State

Entity Name: INSPIRATIONAL MINISTRIES, INCORPORATED

Current Principal Place of Business:

952 FIRETREE ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

9910 ALTERNATE A1A
SUITE 702, PMB 209
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

952 FIRETREE ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

9910 ALTERNATE A1A
SUITE 702, PMB 209
PALM BEACH GARDENS, FL 33410

FEI Number: 20-3810017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLELLAND, DAVID B
952 FIRETREE ROAD
NORTH PALM BEACH, FL 33408 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: DP () Delete
Name: MCCLELLAND, DAVID B
Address: 952 FIRETREE ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: ADAMS, PHILIP R
Address: 15605 81ST TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DST (X) Delete
Name: SMITH, STEVE
Address: 726 7TH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: ADAMS, PHILIP R
Address: 15605 81ST TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: DAVID B. MCCLELLAND

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date