

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90061 049 ****70.00

DOCUMENT # N05000010312

1. Entity Name
ADONAI'S SANCTUARY MINISTRIES, INC.



Principal Place of Business
**1907 CHERRY STREET
PANAMA CITY, FL 32401**

Mailing Address
**1907 CHERRY STREET
PANAMA CITY, FL 32401**

60009076



2. Principal Place of Business

3. Mailing Address

2535 WAKULLA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State
PANAMA CITY, FL

4. FEI Number
20-3609995

Applied For
Not Applicable

Zip

Country

Zip
32405

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, VICKEY L REV.
1907 CHERRY STREET
PANAMA CITY, FL 32401**

Name
BETH DIXON

Street Address (P.O. Box Number is Not Acceptable)

2535 WAKULLA AVE.

City
PANAMA CITY

FL

Zip Code
32405

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.

SIGNATURE

[Signature]

1-27-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BURNS, VICKEY L REV**
STREET ADDRESS **1907 CHERRY STREET**
CITY-STATE-ZIP **PANAMA CITY, FL 32401**

TITLE **P** ☒ Change ☐ Addition
NAME **BURNS, VICKEY L REV**
STREET ADDRESS **1128 S. GAY LOT 172**
CITY-STATE-ZIP **PANAMA CITY, FL 32405**

TITLE **VP** ☐ Delete
NAME **SAYE, SERENA J**
STREET ADDRESS **1907 CHERRY STREET**
CITY-STATE-ZIP **PANAMA CITY, FL 32401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TREA** ☐ Delete
NAME **DIXON, BETH A**
STREET ADDRESS **2535 WAKULLA AVENUE**
CITY-STATE-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **CLER** ☐ Delete
NAME **STRIEGEL, ANITA**
STREET ADDRESS **2535 WAKULLA AVENUE**
CITY-STATE-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 617, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

Date

(850) 763-2554

Daytime Phone #