

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90433 031 \*\*\*\*61.25

**DOCUMENT # N05000010997**

1. Entity Name  
**MAKE US ONE MINISTRIES, INC.**



Principal Place of Business  
**BRETHREN MISSION BUILDING  
2133 W 39TH ST  
JACKSONVILLE, FL 32209**

Mailing Address  
**5838 GILCHRIST RD  
JACKSONVILLE, FL 32219-2612**

**40060744**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number

**26-0132551**

Applied For

Not Applicable

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

**THOMPSON, DYLITCHROUS A  
5838 GILCREST RD  
JACKSONVILLE, FL 32219-2612**

*Gilchrist Rd*

Name

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

**5838 Gilchrist Road**

City

**FL**

Zip Code

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

*Dylitchrous A. Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

**4/20/06**

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

TITLE **P** ☐ Delete  
NAME **THOMPSON, DYLITCHROUS A**  
STREET ADDRESS **5838 GILCHRIST RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 322192612**

TITLE **V** ☐ Delete  
NAME **THOMPSON SR, RONALD J**  
STREET ADDRESS **5838 GILCHRIST RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 322192612**

TITLE **S** ☐ Delete  
NAME **SMITH, BETTY J**  
STREET ADDRESS **9030 NORFOLK BLVD APT 304 S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **TREASURER** ☐ Delete  
NAME **Debra Bell**  
STREET ADDRESS **11291 Harts Road #1201**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **(Title change)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Executive Vice President**  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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 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:

*Dylitchrous A. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/06**

DATE

**(904) 766-8932**

Daytime Phone #