

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 040 ****61.25

DOCUMENT # N06000011588 1. Entity Name BIC MINISTRIES, INC.					
Principal Place of Business 5793 WAGON WHEEL DRIVE NORTH PORT, FL 34286			Mailing Address 5793 WAGON WHEEL DRIVE NORTH PORT, FL 34286		
2. Principal Place of Business - No P.O. Box # 1258 South Military Trail		3. Mailing Address P.O. Box 11388			
Suite, Apt. #, etc. #812		Suite, Apt. #, etc. 			
City & State Deerfield Beach, FL.		City & State Fort Lauderdale, FL.		4. FEI Number 20-5863111	
Zip 33442		Country USA		Zip 33339	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMPSON, MARIA E 5793 WAGON WHEEL DRIVE NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name Maria E. & Rodney L. Thompson Street Address (P.O. Box Number is Not Acceptable) 1258 South Military Trail #812 Villas of Meadow Lakes City Deerfield Beach FL Zip Code 33442		
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. <i>Owner/MGR</i>					
SIGNATURE: <i>[Signature]</i> Maria E. Thompson <i>[Signature]</i> Rodney L. Thompson 2-20-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPT THOMPSON, MARIA E 5793 WAGON WHEEL DRIVE NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maria E. Thompson "T" 1258 South Military Trail #812 Deerfield Beach, FL. 33442		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete THOMPSON, MARIA E 5793 WAGON WHEEL DRIVE NORTH PORT, FL 34286	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maria E. Thompson "T" 1258 South Military Trail #812 Deerfield Beach, FL. 33442		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodney L. Thompson "T" 1258 South Military Trail #812 Deerfield Beach, FL. 33442		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> Maria E. Thompson <i>[Signature]</i> Rodney L. Thompson 2-20-2007 954.980.9606 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					