

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07534

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD, INC.

**Current Principal Place of Business:**

620 92ND. AVE NORTH  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7082  
FORT MYERS, FL 33911 US

**New Mailing Address:**

**FEI Number:** 59-2490339 **FEI Number Applied For ( )** **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:**

CUNNINGHAM, CORNELL  
6209 MEADOWVIEW CIRCLE  
FT. MYERS, FL 33916 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: PD ( ) Delete  
Name: CUNNINGHAM, CORNELL,  
Address: 2929 WINKLER AVE., #1007  
City-St-Zip: FT. MYERS, FL 33916 US

Title: D ( ) Delete  
Name: SMITH, DERRON  
Address: 5180 16TH PLACE SW  
City-St-Zip: NAPLES, FL 34116 US

Title: VD ( ) Delete  
Name: CUNNINGHAM, WILLIE M  
Address: 6209 MEADOWVIEW CIR  
City-St-Zip: FORT MYERS, FL 33916

Title: ASD ( ) Delete  
Name: HARVEY, VANESSA  
Address: 164 OSPREYS LANDINGS CIR #607  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: BROOKS, THOMAS  
Address: 2612 SOUTH DRIVE APT 4  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: GOINS, SHARON  
Address: 13185 117TH ST. NORTH  
City-St-Zip: LARGO, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: WASHINGTON, VALERIE  
Address: 5083 BILLYS CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33905

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

Title: ASD (X) Change ( ) Addition  
Name: BROOKS, WINONA  
Address: 3144 BORDEAUX LANE  
City-St-Zip: CLEARWATER, FL 33751

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: CORNELL CUNNINGHAM

PD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date