2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # N16715 1. Entity Name 03-30-2006 90025 042 ****61.25 TRY JESUS MINISTRIES, INC. Principal Place of Business Mailing Address CALVIN K. PANGBURN 1630 W DAUGHTERY ROAD CALVIN K. PANGBURN 1630 W DAUGHTERY ROAD LAKELAND FL 33810 LAKELAND FL 33810 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANGBURN, CALVIN Street Address (P.O. Box Number is Not Acceptable) 1630 W DAUGHTERY ROAD LAKELAND FL 33810 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE : Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE Leonard A. Ward PANGBURN, CALVIN K NAME NAME 1307 Skowheagan Avenue 1630 W DAUGHTERY RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33810 CITY-ST-ZIP CITY-ST-7IP Lakeland FL 33805 ☐ Change ☐ Delete ☐ Addition TITLE TITLE PANGBURN, BARBARA NAME MARKE 1630 W DAUGHTERY RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33810 CITY-ST-ZIP CITY-ST-ZIP TITLE SD **▼**Delete TITLE Change Addition_ NAME ANDERSON, JOE C NAME DECEASED STREET ADDRESS 3522 GROVEVIEW DR STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP 4-21-05 ☐ Delete ☐ Change Addition Leonard A. Ward NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED

3-23-06 863-581-2150