

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18266

FILED
Mar 29, 2006
Secretary of State

Entity Name: MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Current Principal Place of Business:

3130 SOUTH U.S. HIGHWAY 1
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3612
FORT PIERCE, FL 34948 US

New Mailing Address:

FEI Number: 65-0017366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITCHER, SHARON
3130 SOUTH U.S 1
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

BRITCHER, SHARON
3130 SOUTH U.S HIGHWAY 1
FT. PIERCE, FL 34982 US

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:

03/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONOVAN, KATHLEEN N
Address: 5495 ST.JAMES RD
City-St-Zip: FT PIERCE, FL 34983

Title: ADMP () Delete
Name: BRITCHER, SHARON
Address: 1301- A PEPPERTREE TRAIL
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: WILLBUR, DAVID
Address: 3703 TANAGER PLACE
City-St-Zip: FT. PIERCE, FL 34982

Title: S () Delete
Name: CRIPPEN, STAN
Address: 16 CASTLE COURT
City-St-Zip: FORT PIERCE, FL 34949

Title: PD () Delete
Name: COLEMAN, BOB
Address: 1707 VALENCIA AVE
City-St-Zip: FORT PIERCE, FL 34946

Title: VPD () Delete
Name: SHIMER, JON
Address: 18501 KITTYHAWK DR.
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DONOVAN, KATHLEEN N
Address: 5495 ST.JAMES RD
City-St-Zip: FT PIERCE, FL 34983

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

Title: VP (X) Change () Addition
Name: WILLBUR, DAVID
Address: 3703 TANAGER PLACE
City-St-Zip: FT. PIERCE, FL 34982

Title: D (X) Change () Addition
Name: CRIPPEN, STAN
Address: 16 CASTLE COURT
City-St-Zip: FORT PIERCE, FL 34949

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

Title: S (X) Change () Addition
Name: LACEY, LINDA
Address: 2951 BENT PINE DR.
City-St-Zip: FORT PIERCE, FL 34951

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: SHARON BRITCHER

ADMP

03/29/2006

Electronic Signature of Signing Officer or Director

Date