


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

**FILED**

**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20831</b>	
<b>1. Entity Name</b> WESLEY GROUP HOME MINISTRIES, INC.	

<b>Principal Place of Business</b> JOHNS, JUNE 400 N 35TH AVE HOLLYWOOD FL 33021 US	<b>Mailing Address</b> JOHNS, JUNE 400 N 35TH AVE HOLLYWOOD FL 33021 US
---	---



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

**4. FEI Number** 65-0472571 ☐ Applied For  
☒ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  JOHNS, JUNE 121 ISLAND GROVE DR MERRITT ISL. FL 32952
---

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) **DATE** \_\_\_\_\_

**FILE NOW: 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	
<b>TITLE</b>	<b>NAME</b>
DS	TEMPLE, ROBERT
<b>STREET ADDRESS</b>	1902 HIGH VISTA
<b>CITY-ST-ZIP</b>	LAKELAND FL 33813-3007
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
V	KUHNEY, KING
<b>STREET ADDRESS</b>	9121 BAY POINT CR
<b>CITY-ST-ZIP</b>	WEST PALM BEACH FL 33411
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
D	WINEBRENNER, OPAL
<b>STREET ADDRESS</b>	5431 NW 187TH ST
<b>CITY-ST-ZIP</b>	OPAL LOCKA FL 33055
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
D	DIAZ, PEGGY
<b>STREET ADDRESS</b>	11049 SW 113RD PLACE
<b>CITY-ST-ZIP</b>	MIAMI FL 33178-3170
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
PD	JOHNS, JUNE
<b>STREET ADDRESS</b>	121 ISLAND GROVE DR
<b>CITY-ST-ZIP</b>	MERRITT ISL FL
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
TD	MULLEN, JOSEPH
<b>STREET ADDRESS</b>	4747 HOLYWOOD BLVD #146
<b>CITY-ST-ZIP</b>	HOLLYWOOD FL 33021
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Add
000000439142	
03/01/06 80034-017 70.00	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Add

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_