


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90003 011 \*\*\*\*61.25

<b>DOCUMENT # N37371</b> 1. Entity Name CIRCLE OF FAITH MINISTRIES, INC.	
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Principal Place of Business 6360 COMMERCE ST JACKSONVILLE, FL 32211 US	Mailing Address 6360 COMMERCE ST JACKSONVILLE, FL 32211 US
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**DO NOT WRITE IN THIS SPACE**



08232006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2998863	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MCROY, JOSEPH I., SR. 5803 JACK RD. JACKSONVILLE, FL 32211
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCROY, JOSEPH 5803 JACK RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELLS, JOHNNY 10974 BACALL RD. WEST 14662 Christen Drive JACKSONVILLE, FL 32211 Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WELLS, MARILYN 14662 Christen Drive N. 10974 BACALL RD. WEST Jacksonville, FL 32218 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCROY, LINDA 5803 JACK RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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>Marilyn Wells - Marilyn Wells</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8-23-06 904-757-9361 Date Daytime Phone #
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