2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39529

FILED Mar 17, 2006 Secretary of State

Entity Name: CAPERNAUM MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O WAY, JAMES 110 PARK AVE. E. STE. B. C/O WAY, JAMES

1640 PARK AVE., STE. B

INDIAN LAKE ESTATES, FL 33855 US INDIAN LAKE ESTATES, FL 338557275 US

Current Mailing Address: New Mailing Address:

C/O WAY, JAMES P.O. BOX 7275

INDIAN LAKE ESTATES, FL 338557275 US

FEI Number: 59-3011848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAY, JAMES WAY, JAMES S PO BOX 7275 P.O. BOX 7275

INDIAN LAKE ESTATES, FL 338557275 US INDIAN LAKE ESTATES, FL 338557275 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: JAMES WAY 03/17/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WAY, JAMES S WAY, JAMES S Name: Name: 323 HIBISCUS DR Address: 2970 HIBISCUS DR Address:

City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US City-St-Zip: INDIAN LAKE ESTATES, FL 338557809 US

Title: () Delete Title: (X) Change () Addition

BELL, DWIGHT W Name: SHIPMAN, FREDERICK Name: Address: 361 SW MAJESTIC TERRACE Address: 365 JOG ROAD

City-St-Zip: PORT ST LUCIE, FL 34984 US City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: () Delete Title: TD (X) Change () Addition

SHIPMAN, FREDERICK WALTON, EUGENE P Name: Name: Address: 365 JOG ROAD Address: 2850 PALM AVE

City-St-Zip: WEST PALM BEACH, FL 33415 US City-St-Zip: INDIAN LAKE ESTATES, FL 338557807 US

Title: D () Delete Title: () Change () Addition

BALL, ROGER Name: Name: 455 SW 58TH AVE Address: Address: City-St-Zip: VERO BEACH, FL 32968 US City-St-Zip:

Title: () Delete Title: () Change () Addition

MILLER, TROY Name: Name: 5688 E. SR 44 Address: Address: WILDWOOD, FL 34785 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

SMITH, CLIFTON Name: Name: Address: 7 W MAIN STREET, STE 300 Address: APOPKA, FL 32703 US City-St-Zip: 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: JAMES WAY Ρ 03/17/2006