2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43150

1. Entity Name

TO GOD BE ALL GLORY, MINISTRIES, INC.



FILED Feb 03, 2006 8:00 am Secretary of State

02-03-2006 90015 019 ****61.25

Principal Place of Business 2859 SOMERSET RD. LAKE WORTH, FL 33462-3865		Mailing Address 2859 SOMERSET RD. LAKE WORTH, FL 33462-3865 US		//. 				
2. Brincipal Place of Business (P29) N.E. 185th Tellace		3. Mailing Address SAME						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012006 Ch	02012006 Chg-NP CR2E037 (11/05)			
WILLISTON, FLA		City & State		4. FEI Number 65-025720	5		plied For t Applicable	
32696 Country		Zip	Zip Country		5. Certificate of Status Desired Securificate Status Desired Securificate Securific			
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Registere	d Agent		
RINGDAHL, JAMES D 2859 SOMERSET RD. LAKE WORTH, FL 33462-3865			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	L Zip Code	9	
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 obligat	tions of registered agent.							
SIGNATURE								
Filing Fee is \$61.25 Due by May 1, 2006		0 Floation Comp	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
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10.	_	Trust Fund Co	· · · -	Added to Fees	Florida Dep	artment of St	tate	
10. TITLE	Due by May 1, 2006	Trust Fund Co	ntribution.	Added to Fees		artment of St	tate	
	Due by May 1, 2006 OFFICERS AND DIRE	Trust Fund Co	ntribution.	Added to Fees	Florida Dep	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIRE DVP THOMPKINS, FLOYD JR 9109 BOWENS MILL RD	Trust Fund Co	TITLE NAME STREET ADDRESS	Added to Fees	Florida Dep	DIRECTORS IN	10	
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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:

YINTA G. J. KONGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR 01/01/06 (9R) 383-8897