

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43685

FILED
Apr 06, 2006
Secretary of State

Entity Name: VERNICE LONG MINISTRIES, INC.

Current Principal Place of Business:

19425 NW 39TH AVE.
OPA LOCKA, FL 33055

New Principal Place of Business:

19425 NW 39TH AVE.
MIAMI GARDENS, FL 33055

Current Mailing Address:

19425 NW 39TH AVE.
OPA LOCKA, FL 33055

New Mailing Address:

19425 NW 39TH AVE.
MIAMI GARDENS, FL 33055

FEI Number: 65-0300098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, VERNICE
19425 NW 39TH AVE.
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

LONG, VERNICE
19425 NW 39TH AVE.
MIAMI GADENS, FL 33055 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: VERNICE LONG

04/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONG, VERNICE,
Address: 19425 NW 39TH AVE.
City-St-Zip: OPA LOCKA, FL 33055

Title: HD () Delete
Name: INNISS, JENNIFER
Address: 605 WHITNEY CHASE
City-St-Zip: STONE MOUNTAIN, GA 30055

Title: D () Delete
Name: HUNTER, BARBARA
Address: 1814 N.W. 73RD STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: WEBB, PATRICIA G
Address: 30 SHAW STREET
City-St-Zip: NEWTON, MA 02465

Title: D () Delete
Name: WILLIAMS, TRISHA R
Address: 18962 NW 63RD COURT CIRCLE
City-St-Zip: HIALEAH, FL 33015

Title: HD () Delete
Name: WEBB, ALPHONSO
Address: 30 SHAW STREET
City-St-Zip: NEWTON, MA 02405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LONG, VERNICE,
Address: 19425 NW 39TH AVE.
City-St-Zip: MIAMI GARDENS, FL 33055

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: VERNICE LONG

D

04/06/2006

Electronic Signature of Signing Officer or Director

Date