2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46418

FILED Jan 31, 2006 Secretary of State

Entity Na			
	ame: H.E.L.P.S. MINISTRIES OF BROV	WARD, INC.	
Current F	Principal Place of Business:	New Principal Place of Business:	
	CYPRESS CREEK RD ERDALE, FL 33309 US		
Current N	Mailing Address:	New Mailing Address:	
	CYPRESS CREEK RD ERDALE, FL 33309 US		
FEI Numbei	r: 65-0299856 FEI Number Applied For (() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		ent: Name and Address of New Registered Agent:	
DAVIS, M. 2401 W C FT LAUDI	ARK T CYPRESS CREEK RD ERDALE, FL 33309 US		
	e named entity submits this statement fo te of Florida.	or the purpose of changing its registered office or registered agent, or	hoth
SIGNATU			DOUII,
	JRE:		DOIII,
	IRE:	ed Agent Date	———
OFFICER		ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRE	
OFFICER Title: Name: Address: City-St-Zip:	Electronic Signature of Registere RS AND DIRECTORS: SD () Delete DAVIS, MARK T 2401 W CYPRESS CREEK RD	•	
Title: Name: Address:	Electronic Signature of Registere RS AND DIRECTORS: SD () Delete DAVIS, MARK T 2401 W CYPRESS CREEK RD	ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registere RS AND DIRECTORS: SD () Delete DAVIS, MARK T 2401 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 PD () Delete CASTIGLIONE, JOSEPH 2401 W CYPRESS CREEK RD	ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

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: MARK T. DAVIS MR. 01/31/2006