

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49204

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** BONNIE COOMBS EVANGELISTIC MINISTRIES, CHURCH INC.

**Current Principal Place of Business:**

2610 S.W. SANTA BARBARA PLACE  
CAPE CORAL, FL 339144459 US

**New Principal Place of Business:**

2193 LINCOLN PARK AVE.  
ALVA, FL 33920 US

**Current Mailing Address:**

2610 S.W. SANTA BARBARA PLACE  
CAPE CORAL, FL 339144459 US

**New Mailing Address:**

2193 LINCOLN PARK AVE.  
ALVA, FL 33920 US

**FEI Number:** 65-0349807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, JAMES  
2030 ELOISE CIR  
NORTH FORT MYERS, FL 33917 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOMBS, BONNIE,  
Address: 2610 SW SANTA BARBARA PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: TS ( ) Delete  
Name: SPENCE, PARK  
Address: 1730 NE 6TH ST  
City-St-Zip: CAPE CORAL, FL 33909

Title: TR ( ) Delete  
Name: WALKER, JAMES  
Address: 2030 ELOISE CIR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TR ( ) Delete  
Name: MARTIN, WILLIAM  
Address: 15890 LAKE POINT COURT  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COOMBS, BONNIE,  
Address: 2193 LINCOLN PARK AVE.  
City-St-Zip: ALVA, FL 33920

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: BONNIE COOMBS

PD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date