## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 02, 2006 8:00 am **Secretary of State** DOCUMENT # N49875 1. Entity Name 02-02-2006 90077 004 \*\*\*\*61.25 AUBURN PENTACOSTAL MINISTRIES, INC. Principal Place of Business Mailing Address 6144 HIGHWAY 85 NORTH CRESTVIEW FL 32536 6144 HIGHWAY 85 NORTH CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2245018 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMSON, RONALD D 5774 WILDWOOD ROAD Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32536 City Zip Code 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 obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revistating) DATE 1 A. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Change Addition SUMPALL, SHELTON F WATSON, TROY H. NAME NAME 5315 FOUR LAKE DR. STREET ADDRESS STREET ADDRESS 123 WINCHESTER WAY CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-7IP CRESTVIEW, FL 32539 TITLE Delete TITLE Change ☐ Addition WITHROW, RUSSELL D NAME NAME 6469 FLORIDA AVE. STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP D TITLE Delete ☐ Change ☐ Addition HOWARD, DAVID W NAME NAME STREET ADDRESS 5743 BUCKWARD RD. STREET ADDRESS BAKER FL 32531 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME WILLIAMSON, RONALD NAME STREET ADDRESS 5774 WILDWOOD ROAD STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CARMICAL, THOMAS R JR NAME NAME 205 ORIOLE PLACE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP ח TITLE ☐ Delete ☐ Change Addition TITLE WEEKS, OLIFF D NAME NAME 6110 SONNY LANE STREET ADDRESS STREET ADDRESS

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a address, wantall other like impowered.

CITY-ST-ZIP

CRESTVIEW FL 32539

CITY-ST-7IP

Ronald D. Williamson1/18/06 850-6826357