

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

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90013 032 \*\*\*\*70.00

**DOCUMENT # N92000000148**

1. Entity Name

SEVENTY TIMES SEVEN MINISTRIES, INC.



Principal Place of Business

2011 S. WIGGINS RD  
PLANT CITY FL 33566  
US

Mailing Address

2011 S. WIGGINS RD  
PLANT CITY FL 33566  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3150934

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, CURTIS W  
2011 S WIGGINS RD  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME HAWKINS, CURTIS W  
STREET ADDRESS 2011 S. WIGGINS RD.  
CITY - ST - ZIP PLANT CITY FL 33566

TITLE VPDT ☐ Delete  
NAME WATSON, MICHELLE  
STREET ADDRESS 108 VINEWOOD CT.  
CITY - ST - ZIP SIMPSONVILLE SC 29680

TITLE T ☐ Delete  
NAME HAWKINS, ELIZABETH  
STREET ADDRESS 2011 S. WIGGINS RD.  
CITY - ST - ZIP PLANT CITY FL 33566

TITLE S ☐ Delete  
NAME HAWKINS, ROSE E  
STREET ADDRESS 2011 S WIGGINS ROAD  
CITY - ST - ZIP PLANT CITY FL 33566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME S ROSE E. Hawkins  
STREET ADDRESS 419 Cannon St, Apt. 2  
CITY - ST - ZIP Lakeland, FL 33803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. 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 an address, with all other like empowered.

SIGNATURE:

*Curtis W. Hawkins*

1-31-06

813-754-3224