2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

02-08-2006 90003 048 ****70 00

NAME STREET ADDRESS CITY-ST-ZIP TITLE DT NAME ALGATHER, GABNER STREET ADDRESS CITY-ST-ZIP TITLE DT NAME ALGATHER, GABNER STREET ADDRESS CITY-ST-ZIP TITLE DS NAME NAME DASHER, BETHENA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nan	MENT # N9400000 ASANT MISSIONARY BAP COVE SPRINGS, FLORIDA	TIST CH	HURCH OF					2-08-2000	J0005 (,	70.00
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City & State Country Country S. Certificate of Status Desired S. Certificate of Status Desired S. Set 75 Additional Free Required To Name and Address of Current Registered Agent To Name Size Address (P O Box Number is Not Acceptable) City City City City City City FL Zip Code City FL Zip Code City City	2. Principal F	Place of Business	3. Mail	ing Address		<u></u>	-					
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Fee Required	City & Stat	te	Cit	y & State					90		├	·
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	•	Cou	intry	-	5. Certificate of S	tatus Desired	X	\$8.75 Ad Fee Require	dditional ed
Silenet Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registere	d Agent				7. Name and Add	iress of New F	Registered	Agent	
Street Address (P. O. Box Number is Not Acceptable)	14551					Name			-			
B. 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 Signature, posts or prifest came of registered agent and title if accidable. (NOTE Registered Agent signature regulated agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept into the other purposes. ITHE SUBJECT AGENCY	1210 EAS	T ST				Street A	ddress (I	P.O. Box Number is	Not Acceptabl	e)		
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 and the acceptance of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida Department of State of Flo						City			<u> </u>		Zip Cod	de
SIGNATURE Signature, types or private rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstance) Filling Foe is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.											- `	
Trust Fund Contribution. Added to Fees Florida Department of State			nt and little if app	ficable (NOTE	. Desistera	d Aggst six and						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

BUTHONG DOWNS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

904) 284.943