

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90026 029 \*\*\*\*61.25

<b>DOCUMENT # N94000005969</b> 1. Entity Name <b>DAVID VAN WINKLE MINISTRIES INC.</b>					
Principal Place of Business <b>1503 SOUTH MARY ST. EUSTIS, FL 32726 US</b>			Mailing Address <b>1503 SOUTH MARY ST EUSTIS, FL 32726 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3278739</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VAN WINKLE, DAVID M 1503 SOUTH MARY ST. EUSTIS, FL 32726</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN WINKLE, DAVID M	NAME			
STREET ADDRESS	1503 SOUTH MARY ST	STREET ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANKENSHIP, RON	NAME			
STREET ADDRESS	6013 BAY VALLEY CT.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFMA, EDWARD A	NAME			
STREET ADDRESS	3860 WYLDWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAJETICH, JILL	NAME			
STREET ADDRESS	2926 EGLINGTON DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAJETICH, CHARLES G	NAME			
STREET ADDRESS	2926 EGLINGTON DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <i>David M. Van Winkle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-16-06</b>		Daytime Phone # <b>352-357-7305</b>	