

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

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0647741** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DOCUMENT # N95000003585**

1. Entity Name

THE INSPIRATIONAL BIBLE MINISTRIES INC.



Principal Place of Business

6926 DESERT INN TERR.  
LAKE WORTH FL 33463-7387

Mailing Address

6926 DESERT INN TERR.  
LAKE WORTH FL 33463-7387

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHELTON, GAIL E  
6926 DESERT INN TERR.  
LAKE WORTH FL 33463-7387

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 SD  
NAME ESQUIVEL, AURELIA ☐ Delete  
STREET ADDRESS 4704 CANAL DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE VPD  
NAME HUGGINS, CYNTHIA ☐ Delete  
STREET ADDRESS 7104 BRUNSWICK CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE TD  
NAME YOUNG, LEONA ☐ Delete  
STREET ADDRESS 1320 AVE R  
CITY-ST-ZIP RIVERIA BEACH FL 33404

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
U000000549220  
05/13/06-80013-001 70.00

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Gail Shelton*

*April 25, 06*

*561-968-6620*