

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 047 ****70.00

DOCUMENT # N95000004208

1. Entity Name
DNZ MINISTRIES, INCORPORATED



Principal Place of Business
**3111 ZEPP LANE
PACE, FL 32571**

Mailing Address
**3111 ZEPP LANE
PACE, FL 32571**

600000004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNAMARA, WILLIAM J
3111 ZEPP LANE
PACE, FL 32571**

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 William J. McNamara

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **CAMERON, WILEY SR**
STREET ADDRESS **106 MILLER DR**
CITY-ST-ZIP **EATONTON, GA 31024**

TITLE **P** ☒ Change ☐ Addition
NAME **CLARK, JIMMIE M.**
STREET ADDRESS **3790 PARKS RD**
CITY-ST-ZIP **LEXINGTON, NC 27292**

TITLE **VP** ☐ Delete
NAME **CLARK, JIMMIE M**
STREET ADDRESS **3770 PARKS RD**
CITY-ST-ZIP **LEXINGTON, NC 27292**

TITLE **D** ☐ Change ☒ Addition
NAME **Mayo, Wesley B.**
STREET ADDRESS **2829 Bethis Rd.**
CITY-ST-ZIP **Greener, NC 28073**

TITLE **ST** ☐ Delete
NAME **MCNAMARA, WILLIAM J**
STREET ADDRESS **3111 ZEPP LANE**
CITY-ST-ZIP **MILTON, FL 32571**

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

TITLE **D** ☐ Delete
NAME **MAYS, STEVE**
STREET ADDRESS **1607 GREENWOOD RD**
CITY-ST-ZIP **LAURENS, SC 29360**

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

TITLE **D** ☐ Delete
NAME **MILLS, RONNIE**
STREET ADDRESS **2222 29TH ST N**
CITY-ST-ZIP **TEXAS CITY, TX 77590**

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

TITLE ☐ Delete
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 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: William J. McNamara William J. McNamara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-06