2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006
Secretary of State

DOCUMENT# N95000004327

Entity Name: EDDIE AND BECKY CAIN MINISTRIES, INC.

Current Principal Place of Business:

609 OAKHURST STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

609 OAKHURST STREET
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3427207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASS, TERRI LYNN
607 E. OAKHURST ST.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CAIN, JOHN EDWARD	
Address:	609 OAKHURST STREET	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	VD	( ) Delete
Name:	CAIN, BECKY SUE	
Address:	609 OAKHURST STREET	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	TD	( ) Delete
Name:	TABER, GERALD	
Address:	2420 24TH LANE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	ADAMS, JENNIFER S	
Address:	305 S. EDGEMON AVE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	CAIN, ERIC E	
Address:	1225 WOODFIELD OAKS DRIVE	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	(X) Delete
Name:	POWELL, EDNA B	
Address:	807 WALNUT PLACE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN EDWARD CAIN PD 09/14/2006

Electronic Signature of Signing Officer or Director — Date