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

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90015 027 ****70.00

DOCUMENT # N96000001056

1. Entity Name

RAVEN MINISTRIES, INC.

Principal Place of Business	Mailing Address
980 CEDAR RIDGE LANE DELAND FL 32720	2607 S. WOODLAND BLVD #303 DELAND FL 32720

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
800 N. Spring Garden Ave.	
Suite, Apt. #, etc.: #569	Suite, Apt. #, etc.
City & State: DeLand, Fl	City & State
Zip: 32720 Country: U.S.A.	Zip Country

4. FEI Number: 59-3363743 ☐ Applied For ☐ Not Applicable

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
HACKATHORN, MICHAEL F. 980 CEDAR RIDGE LANE DELAND FL ~~32763~~ 32720	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: FEES $61.25
Due By May 1, 2006

Florida 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HACKATHORN, MICHAEL F 980 CEDAR RIDGE LANE DELAND FL 32720 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CROCKETT, CARLOS 876 CYPRESS AVE ORANGE CITY FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CROCKETT, CAROLYN 876 CYPRESS AVE ORANGE CITY FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HACKATHORN, PAULINE 880 CEDAR RIDGE LANE DELAND FL 32720 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIESELBERG, JOHN 4375 LINWOOD RD. WATERTOWN TN 37184 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12930 S.E 48th Terrace Belleview Florida 34420
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIESELBERG, JUDY 4375 LINWOOD RD. WATERTOWN TN 37184 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12930 S.E. 48th Terrace Belleview, Florida 34420

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael F. Hackathorn PD