

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

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90118 028 *****70.00

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1. Entity Name

**CHRISTIAN DISASTER RESPONSE INTERNATIONAL,
INC.**



Principal Place of Business

**1902 BARTON PARK ROAD
204
AUBURNDALE FL 33823**

Mailing Address

**P.O. BOX 3339
WINTER HAVEN FL 33885**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3366833

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

**DALLAS, CLYDE H
1616 PINE GLEN ROAD
LAKELAND FL 33809**

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **TERWILLIGER, GORDON L**
STREET ADDRESS **1026 CLAYTON LN. APT#3404**
CITY-ST-ZIP **AUSTIN TX 78723**

TITLE **TD** ☐ Change ☒ Addition
NAME **ROH S. PATTERSON**
STREET ADDRESS **713 ROSE ST. S. # 10**
CITY-ST-ZIP **AUBURNDALE, FLORIDA 33823**

TITLE **PD** ☐ Delete
NAME **RHAN, WILLAM R**
STREET ADDRESS **3370 N.E. 53RD TERRACE**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

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

TITLE **SD** ☐ Delete
NAME **PATTERSON, RONNIE A**
STREET ADDRESS **713 ROSE ST. S. # 10**
CITY-ST-ZIP **AUBURNDALE FL 33823**

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

TITLE **D** ☐ Delete
NAME **MILLER, PAUL**
STREET ADDRESS **2218 BROOKVIEW DRIVE**
CITY-ST-ZIP **VANCOVER WA 98686**

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

TITLE **VPD** ☐ Delete
NAME **PENNINGTON, JOSEPH**
STREET ADDRESS **106 EAST RAYBURN ROAD**
CITY-ST-ZIP **PLANT CITY FL 33566**

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 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: *Ronnie A Patterson* RONNIE A PATTERSON 02/22/06 863551-1422