

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001771

1. Entity Name
FACE TO FACE MINISTRIES, INC.



Principal Place of Business
**57 HALLELUJAH AVE
SANTA ROSA BEACH, FL 32459**

Mailing Address
**57 HALLELUJAH AVE
SANTA ROSA BEACH, FL 32459**



03142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3423722

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GATES, KRISTIAN
57 HALLELUJAH AVE
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DV
GATES, KRISTIAN
57 HALLELUJAH AVE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DST
ENDERSON, JASON
2031 MCCARTY DRIVE
UNIONTOWN, OH 44685**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
BRADLEY, BEVERLY J
2010 BRADWICK DRIVE
AKRON, OH 44313**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000497337
04/22/06-80049-012 61.25

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IN THIS SPACE**

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:

Beverly J. Bradley
Beverly J. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/06 330.864.2049