


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90231 008 ****61.25

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1. Entity Name
FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**777 DELTONA BLVD.
 SUITE 24
 DELTONA, FL 32725**

Mailing Address
**777 DELTONA BLVD.
 SUITE 24
 DELTONA, FL 32725 US**

JU010019

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



City & State
 Zip Country

4. FEI Number
59-3450894

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	
GREGORY, PHYLLIS B 777 DELTONA BLVD. STE 24 DELTONA, FL 32725		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

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, PHYLLIS B			NAME			
STREET ADDRESS	1479 CEDAR PINE DR			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP			
TITLE	DSDV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, MARK E			NAME			
STREET ADDRESS	1479 CEDAR PINE DR			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, NATALIE			NAME	Young, Natalie		
STREET ADDRESS	1519 GREGORY DR			STREET ADDRESS	1519 Gregory Dr		
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP	Deltona, FL 32738		
TITLE	BC	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, CHRISTOPHER			NAME			
STREET ADDRESS	1519 GREGORY DR			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP			
TITLE	BC	<input type="checkbox"/> Delete		TITLE	PSDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERR, DONALD			NAME	Kerr, Donald		
STREET ADDRESS	61 GARDENIA CT			STREET ADDRESS	61 Gardenia Ct		
CITY-ST-ZIP	ORANGE CITY, FL 32763			CITY-ST-ZIP	Orange City FL 32763		
TITLE	BC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, RUTH			NAME			
STREET ADDRESS	2950 SURF DR			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			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: *Phyllis Gregory* **4-4-06** **386-860-9205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #