2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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Entity Name
HARVEY D. BRYAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
1700 N.W. 27 TERRACE FT. LAUDERDALE, FL 33311	1700 N.W. 27 TERRACE FT. LAUDERDALE, FL 33311

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02022008 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0711793

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYAN, HARVEY D SR.
1700 N.W. 27 TERRACE
FT. LAUDERDALE, FL 33311

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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 Harvey D. Bryan, Sr. 03/09/06
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

100000046576
03/22/06-80057-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRYAN, HARVEY D SR.
STREET ADDRESS	1700 N.W. 27 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	DS
NAME	TUCKER, MATTIE
STREET ADDRESS	1963 N.W. 45 STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	DT
NAME	BRYAN, HARVEY D JR.
STREET ADDRESS	6704 RIVERMILL CLUB DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 03/09/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #