

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000452

FILED
Apr 10, 2006
Secretary of State

Entity Name: JONATHAN SETTEL INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1750 UNIVERSITY DRIVE
SUITE 120
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DRIVE
SUITE 120
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0751932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SETTEL, JONATHAN
1750 UNIVERSITY DR SUITE 120
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SETTEL, JONATHAN
Address: 1750 UNIVERSITY DR SUITE 120
City-St-Zip: POMPANO BEACH, FL 33071

Title: VD () Delete
Name: SETTEL, SHARON
Address: 1750 UNIVERSITY DR SUITE 120
City-St-Zip: POMPANO BEACH, FL 33071

Title: D () Delete
Name: LANZA, DR. FRANK
Address: 10900 KEMWOOD DR.
City-St-Zip: HOUSTON, TX 77024

Title: D () Delete
Name: LANZA, ALICE
Address: 10900 KENWOOD DRIVE
City-St-Zip: HOUSTON, TX 77024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON S. SETTEL

VD

04/10/2006

Electronic Signature of Signing Officer or Director

Date