


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006379
 1. Entity Name
HENRY FERNANDEZ MINISTRIES, INC.



Principal Place of Business
**5555 NW 95TH AVE
 SUNRISE, FL 33317**

Mailing Address
**P.O. BOX 9726
 FT. LAUDERDALE, FL 33310**



03152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0792752

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FERNANDEZ, HENRY
 5555 NW 95TH AVE
 SUNRISE, FL 33351**

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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 _____ (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**

000000475965
 04/05/06-80038-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, HENRY 4007 SANDERLING LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDEZ, CAROL 4007 SANDERLING LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMS, EDDIE 7951 SW 7TH ST. N. LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ANDREW 425 S. LABREA AVE INGLEWOOD, CA 90301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, HAROLD 2101 AUSTRALIAN AVE WEST PALM BEACH, FL 33407
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:  **3-16-06** **954-325-7035**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #