

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001779

FILED
Apr 27, 2006
Secretary of State

Entity Name: GOING THE DISTANCE ADVENTURE MINISTRY, INC.

Current Principal Place of Business:

8072 ROSE TERRACE NORTH
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

PO BOX 7523
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 59-3542697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, DOUG
8072 ROSE TERRACE NORTH
SEMINOLE, FL 33777 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: MDCE () Delete
Name: GARNER, DOUGLAS L
Address: 8072 ROSE TERR N.
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: LEMLER, DARREN
Address: 10383 107TH AVE N.
City-St-Zip: LARGO, FL 33773

Title: PD () Delete
Name: MCCORMICK, THOMAS
Address: 710 119TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD () Delete
Name: EBERSBERGER, MARC
Address: 9386 110TH STREET N
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: RITCHIE, WILLIAM
Address: 329 55TH AVE
City-St-Zip: ST PETE BEACH, FL 33706

Title: TSD () Delete
Name: SOLAVA, MIKE
Address: 1119 7TH AVE NE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HENTER, TED
Address: 8335 37TH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

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 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: DOUGLAS GARNER

MDCE

04/27/2006

Electronic Signature of Signing Officer or Director

Date