

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N98000001795

1. Entity Name
ACTS 29 MINISTRY, INC.



Principal Place of Business
**21429 FRONT BCH RD.
PANAMA CITY BCH, FL 32413**

Mailing Address
**21429 FRONT BCH RD.
PANAMA CITY BCH, FL 32413**



04102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1634643

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**McFARLAND, DAVID G
21429 FRONT BCH RD.
PANAMA CITY BCH, FL 32413**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

U000000506762
04/27/06-80036-005 70.00

TITLE	PD
NAME	McFARLAND, DAVID
STREET ADDRESS	21429 FRONT BEACH RD
CITY-STATE-ZIP	PANAMA CITY, FL 32413
TITLE	TD
NAME	McFARLAND, CYNTHIA
STREET ADDRESS	21429 FRONT BEACH RD
CITY-STATE-ZIP	PANAMA CITY, FL 32413
TITLE	VD
NAME	REAGAN, DAVID
STREET ADDRESS	7 SPRINGEREST COURT
CITY-STATE-ZIP	ALLEN, TX 75002
TITLE	D
NAME	BELLMAN, BOB
STREET ADDRESS	RT 1 BOX 223
CITY-STATE-ZIP	BLOUNTSTOWN, FL 32424
TITLE	SD
NAME	HOLLINGSWORTH, SALLY
STREET ADDRESS	21429 FRONT BEACH ROAD
CITY-STATE-ZIP	PANAMA CITY, FL 32413
TITLE	D
NAME	ADLER, KLAUS
STREET ADDRESS	150 S. ROMA WAY
CITY-STATE-ZIP	KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

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:

Cynthia A. McFarland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06
Date

850-234-7477
Daytime Phone #