

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003227

FILED
Apr 10, 2006
Secretary of State

Entity Name: FOOTSOLDIER MINISTRIES, INC.

Current Principal Place of Business:

3004 PEARSON ROAD #9
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3004 PEARSON ROAD #9
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-3516857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBY, JAMES D
3004 PEARSON ROAD #9
VALRICO, FL 33594 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: HOBBY, JAMES D
Address: 3004 PEARSON ROAD #9
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CONNER, LARRY E
Address: 1612 N. STARDUST DR.
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: HOBBY, ANTHONY D
Address: 704 FOXGLOVE PL
City-St-Zip: BRANDON, FL 33510

Title: D (X) Delete
Name: GRACIANO, MIGUEL
Address: 4807 E OKARA RD
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DYER, TYLA L
Address: 506 NO. KNIGHT ST.
City-St-Zip: PLANT CITY, FL 33566

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: JAMES D. HOBBY

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date