


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003240 1. Entity Name BILLY GRAY MINISTRIES, INC.	
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Principal Place of Business 398 LINKSIDE DR. DESTIN, FL 32541	Mailing Address P.O. BOX 6202 MIRAMAR BEACH, FL 32550
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3518470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAY, BILLY F
398 LINKSIDE DR.
MIRAMAR BEACH, FL 32550

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAY, BILLY F 398 LINKSIDE DR. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EARLES, CHARLIE 3218 BAY ESTATES DR DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHRISTENSEN, DICK 770 GULF SHORE DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNHILL, DARRELL 131 BAY MAGNOLIA LN SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/17/06-80037-004 61.25

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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: Billy Gray Billy Gray 1-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #