

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004169

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: FAMILIES IN CRISIS MINISTRIES INC.

**Current Principal Place of Business:**

8220 WILLOWWOOD STREET  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

8220 WILLOWWOOD STREET  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 59-3522673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ADAMS, CLEVERICK M  
8220 WILLOWWOOD STREET  
ORLANDO, FL 32818 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: D      ( ) Delete  
Name: ADAMS, CLEVERICK M  
Address: 8220 WILLOWWOOD STREET  
City-St-Zip: ORLANDO, FL 32818

Title: D      ( ) Delete  
Name: TATE, ANDRE  
Address: 5659 NOKOMIS CIRCLE  
City-St-Zip: ORLANDO, FL

Title: D      ( ) Delete  
Name: SHAW, WELLINGTON W PH  
Address: 4708 MIRANDA CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: D      ( ) Delete  
Name: ORVILLE, CLAYTON  
Address: P.O. BOX 682796  
City-St-Zip: ORLANDO, FL 32868

Title: D      ( ) Delete  
Name: ADAMS, TERESA  
Address: 8220 WILLOWWOOD  
City-St-Zip: ORLANDO, FL 32818

Title: D      ( ) Delete  
Name: BROWN, STEPHAN E  
Address: PO BOX 620171  
City-St-Zip: OVIEDO, FL 32762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: CLEVERICK M. ADAMS

P

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date