

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90339 022 \*\*\*\*61.25

**DOCUMENT # N98000006217**

1. Entity Name  
**THE AWAKENING MINISTRY OF JESUS CHRIST  
INCORPORATION**



Principal Place of Business  
**P.O. BOX 6229  
TALLAHASSEE, FL 32314**

Mailing Address  
**P.O. BOX 6229  
TALLAHASSEE, FL 32314**

**60067503**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3358044**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, SAMUEL L  
9980 CHARLIE ASH LN.  
WOODVILLE, FL 32362**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **WILLIAMS, ROSA**  
STREET ADDRESS **1630 BALKIN RD LOT 166**  
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **HAYES, HELEN**  
STREET ADDRESS **PO BOX 6229**  
CITY-ST-ZIP **TALLAHASSEE, FL 32314**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **EDWARDS, ROSE**  
STREET ADDRESS **P.O. BOX 6229**  
CITY-ST-ZIP **TALLAHASSEE, FL 32314**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **RICHARDSON, DONNA**  
STREET ADDRESS **1630 BALKIN RD LOT 167**  
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Samuel Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Samuel Hayes**

**4/6/06**  
Date

**850-656-3388**  
Daytime Phone #