

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

**FILED  
Feb 16, 2006  
Secretary of State**

DOCUMENT# N98000006659

Entity Name: B.I.O.N.I.C. CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

104 KERR CIRCLE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

104 KERR CIRCLE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 65-0878801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FORSCHINO, HENRY PASTOR  
104 KERR CR.  
LEHIGH ACRES, FL 33936      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: PSTD      ( ) Delete  
Name: FORSCHINO, HENRY PASTOR  
Address: 104 KERR CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD      ( ) Delete  
Name: FORSCHINO, MARLA AS-PAST  
Address: 104 KERR CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D      ( ) Delete  
Name: FORSCHINO, TODD PASTOR  
Address: 104 KERR CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936

**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:

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: HENRY FORSCHINO

PSTD

02/16/2006

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

\_\_\_\_\_  
Date