

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000000216

1. Entity Name

DAN MCCRAW MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

**1660 HORSE SHOE RD.
ENTERPRISE FL 32725**

Mailing Address

**1660 HORSE SHOE RD.
ENTERPRISE FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3528557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCRAW, DAN
1660 HORSE SHOE RD.
ENTERPRISE FL 32725**

7. Name and Address of New Registered Agent

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

**FILE NOW: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOBERG, ALFRED B	
STREET ADDRESS	P. O. BOX 479 N/A	
CITY-ST-ZIP	MADERA CA 93637	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAKLIGIAN, JOHN	
STREET ADDRESS	21636 AVE. 18 1/2	
CITY-ST-ZIP	MADERA CA 93637	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEFFLY, TIM	
STREET ADDRESS	713 CHATEAU PLACE	
CITY-ST-ZIP	MADERA CA 93637	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHL, TOM	
STREET ADDRESS	4730 ABNAKI TRAIL	
CITY-ST-ZIP	LIMA OH 45805	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, STEVE	
STREET ADDRESS	1240 N. KEMP RD.	
CITY-ST-ZIP	LIMA OH 45807	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEFFENBACHER, MARK	
STREET ADDRESS	1717 S. CHESTNUT AVE.	
CITY-ST-ZIP	FRESNO CA 93702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000396575
01/20/06-80016-013 61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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.