

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000564

FILED
Apr 21, 2006
Secretary of State

Entity Name: SHEILA COAKLEY-BROWN MINISTRIES, INC.

Current Principal Place of Business:

6790 NW 186 ST., #418
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P O BOX 015782
MIAMI, FL 331015782

New Mailing Address:

FEI Number: 65-0893185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COAKLEY-BROWN, SHEILA
6790 NW 186 ST., #418
MIAMI, FL 33015 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: DP () Delete
Name: COAKLEY-BROWN, SHEILA G DP
Address: 6790 NW 186 ST., #418
City-St-Zip: MIAMI, FL 33015

Title: DT () Delete
Name: COAKLEY, BOBBY L DT
Address: 6790 NW 186 ST., #418
City-St-Zip: MIAMI, FL 33015

Title: DS () Delete
Name: COAKLEY, RODERICK D DS
Address: 6790 NW 186 ST., #418
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: RICKS, VITA B VD
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: COAKLEY-BROWN, D'RELLE VD
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: POLYNICE, ZITA V VD
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

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: SHEILA G. COAKLEY-BROWN

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date