

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001577

FILED
May 18, 2006
Secretary of State

Entity Name: THE MEDIA IN MINISTRY ASSOCIATION, INC.

Current Principal Place of Business:

2549 NEWBOLT DR.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

2549 NEWBOLT DR.
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3567141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLANKENSHIP, EUGENE C JR.
2549 NEWBOLT DR.
ORLANDO, FL 32817 US

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: PS () Delete
Name: BLANKENSHIP, EUGENE C JR.
Address: 2549 NEWBOLT DR.
City-St-Zip: ORLANDO, FL 32817

Title: VT () Delete
Name: BLANKENSHIP, SUZANNE
Address: 2549 NEWBOLT DR.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: HENSAL, BRUCE
Address: 100 LAKE HART DR
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: BELL, STEVE
Address: 100 LAKE HART DR
City-St-Zip: ORLANDO, FL 32832

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:

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: GENE BLANKENSHIP

PRES

05/18/2006

Electronic Signature of Signing Officer or Director

Date