

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002126

Entity Name: FROM MINISTRIES, INC.

FILED  
May 03, 2006  
Secretary of State

## Current Principal Place of Business:

8750 PERIMETER PARK BLVD  
JACKSONVILLE, FL 322166347

## New Principal Place of Business:

## Current Mailing Address:

8750 PERIMETER PARK BLVD  
JACKSONVILLE, FL 322166347

## New Mailing Address:

FEI Number: 59-3565178      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:

SIMONIC, NICHOLAS T  
8750 PERIMETER PARK BLVD  
JACKSONVILLE, FL 322166347 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: PD ( ) Delete  
Name: STRICKLAND, EUGENE  
Address: P.O. BOX 230996  
City-St-Zip: ANCHORAGE, AK 995230996

Title: ST ( ) Delete  
Name: STICKLAND, NANCY  
Address: P.O. BOX 99523-0996  
City-St-Zip: ANCHORAGE, AK 995230996

Title: D ( ) Delete  
Name: WHEELER, DAVID  
Address: 4400 FOXHAVEN DR W  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: DYKES, AUBREY  
Address: 1109 LANDS END LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: REV ( ) Delete  
Name: DENNIS, CHARLES C  
Address: 3955 EAGLE PLACE LOOP  
City-St-Zip: EAGLE RIVER, AK 995778846

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STRICKLAND, EUGENE  
Address: P.O. BOX 210644  
City-St-Zip: ANCHORAGE, AK 995210644

Title: ST (X) Change ( ) Addition  
Name: STICKLAND, NANCY  
Address: P.O. BOX 210644  
City-St-Zip: ANCHORAGE, AK 995210644

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: EUGENE STRICKLAND

PD

05/03/2006

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

\_\_\_\_\_  
Date