

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90432 021 ****70.00

DOCUMENT # N99000002835



1. Entity Name
COURTYARD MEDIA MINISTRIES, INC.

Principal Place of Business
4516 PRO COURT EAST
BRADENTON, FL 34203

Mailing Address
4516 PRO COURT EAST
BRADENTON, FL 34203

2. Principal Place of Business
4120 LOGUE ROAD

3. Mailing Address
4120 LOGUE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State
MYAKKA CITY FL

City & State
MYAKKA CITY FL

4. FEI Number
65-0916871

Applied For
Not Applicable

Zip
34251

Country
US

Zip
34251

Country
US

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTELLE, RANDALL B
4516 PRO COURT EAST
BRADENTON, FL 34203

7. Name and Address of New Registered Agent

Name
RANDALL B ESTELLE

Street Address (P.O. Box Number is Not Acceptable)
4120 LOGUE ROAD

City
MYAKKA CITY

FL Zip Code
34251

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

4/19/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 NAME STREET ADDRESS CITY - ST - ZIP	DP ESTELLE, RANDALL B 4516 PRO COURT EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ESTELLE, ALYSIA D 4516 PRO COURT EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ESTELLE, NATHANAEL 4514 SABAL KEY DR. BRADENTON, FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KENNEY, NANCY P.O. BOX 272 BRADENTON, FL 34206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RANDALL B ESTELLE 4120 LOGUE ROAD MYAKKA CITY FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ALYSIA D ESTELLE 4120 LOGUE ROAD MYAKKA CITY FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NATHANAEL ESTELLE 4120 LOGUE ROAD MYAKKA CITY FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06 322-2076