


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 021 \*\*\*\*70.00

<b>DOCUMENT # N99000003352</b>			
1. Entity Name <b>ONE MORE CHANCE MINISTRY, INC.</b>			
Principal Place of Business <b>8843 PHILIPS HWY JACKSONVILLE, FL 32246</b>		Mailing Address <b>8843 PHILIPS HWY JACKSONVILLE, FL 32246</b>	
2. Principal Place of Business <b>2112 Alfa Romeo Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2112 Alfa Romeo Dr</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>	
Zip <b>32246</b>	Country <b>Duval</b>	Zip <b>32246</b>	Country <b>Duval</b>
4. FEI Number <b>59-3583130</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOBLEY, CECIL L 9800 TOUCHTON RD. APT #338 JACKSONVILLE, FL 32246</b>		7. Name and Address of New Registered Agent Name <b>Cecil L. Mobley</b> Street Address (P.O. Box Number is Not Acceptable) <b>2112 Alfa Romeo Dr.</b> City <b>Jacksonville</b> FL Zip Code <b>32246</b>	
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 <b>Cecil L. Mobley Pastor</b> Signature, typed or printed name of registered agent and title if applicable.		DATE <b>6/26/06</b> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOBLEY, CECIL L 9800 TOUCHTON RD. JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FULTON, LANNETTE 2314 JOHNSON AVE. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAWFORD, ANNETTE CLERK 1741 CALLAHAN STREET JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOBLEY, TWILA 8711 NEWTON RD., APT. #88 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <b>Cecil L. Mobley Pastor</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>6/26/06</b> 904-268-4953 Date Daytime Phone #	

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