

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004617

FILED
Apr 28, 2006
Secretary of State

Entity Name: HOLY CHURCH MINISTRIES INC.

Current Principal Place of Business:

630 SHARAR AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

630 SHARAR AVENUE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVILMAR, PIERRE A
4501 N.W. 6TH AVE
POMPANO BEACH, FL 33064 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: D () Delete
Name: MAURICE, MARIE
Address: 1099 N.W. 102 STREET
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: JOSEPH, OLVITA
Address: 1250 N.W. 118 STREET
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: FRESIN, NADINE
Address: 3722 S.W. 52 AVE #102
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: JOSEPH, AUGUSTINE
Address: 15725 N.E. 11 CT
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: NOEL, ANGELERE
Address: 440 N.W. 104 TERR.
City-St-Zip: MIAMI, FL 33150

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:

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: PIERRE A. DAVILMAR

RA

04/28/2006

Electronic Signature of Signing Officer or Director

Date