

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001257

FILED
Apr 21, 2006
Secretary of State

Entity Name: I AM BORN AGAIN MINISTRIES, INC.

Current Principal Place of Business:

430 NW 10TH STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

430 NW 10TH STREET
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 60-0002763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACHE, EDITH
430 NW 10TH STREET
HIGH SPRINGS, FL 32643 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: HEMINGWAY, HARRELL M JR
Address: 10950 NE 96TH STREET
City-St-Zip: ARCHER, FL 32618

Title: VD () Delete
Name: BLANTON, RONALD N
Address: PO BOX 1238
City-St-Zip: HIGH SPRINGS, FL 32655

Title: STD () Delete
Name: BACHE, EDITH
Address: 430 NW 10TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D (X) Delete
Name: VOYLES, JAMES
Address: 1704 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: WILLIAMS, HAZEL
Address: PO BOX 562
City-St-Zip: GAINESVILLE, FL 32602

Title: S (X) Delete
Name: HODGE, LINDA D
Address: P.O.BOX 534
City-St-Zip: BRONSON, FL 32621

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: EDITH C. BACHE

STD

04/21/2006

Electronic Signature of Signing Officer or Director

Date