

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90035 042 \*\*\*\*70.00



**DOCUMENT # 736834**  
1. Entity Name  
**THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.**

Principal Place of Business  
**4067 ATTAPULGUS HWY  
QUINCY FL 32351**

Mailing Address  
**4067 ATTAPULGUS HWY  
QUINCY FL 32351**

2. Principal Place of Business - No P.O. Box #  
3. Mailing Address

Suite, Apt. #, etc.  
City & State

4. FEI Number  
**00-2600030**

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**JONES, JAMES M  
156 JACK SCOTT ROAD  
QUINCY FL 32351**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is not required when reconstituting)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT JONES, JAMES M 166 JACK SCOTT RD QUINCY FL 32352</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D/C Jones, James M. 156 Jackscott Rd Quincy, Fl. 32352</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTV SHAW, ELTON JR 4089 ATTAPULGUS HWY QUINCY FL 32352</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T/V/P Shaw, Elton Jr. 4089 Attapulcus Hwy Quincy, Fl 32352</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DIXON, LUCRETIA 1616 ATTAPULGUS HWY QUINCY FL 32352</b> <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	<b>DC BRYANT, MARIONETTE 207 CHARLIE HARRIS LOOP QUINCY FL 32352</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D Bryant, Marionette 207 Charlie Harris Loop Quincy, Fl. 32352</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EC WILLIAMS, MARY 786 MADISON LANE CAIRO GA 31728</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D/D 786 Madison Lane Cairo, GA. 39928</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WASHINGTON, RUTHA M 2011 MLK JR BLVD QUINCY FL 32351</b> <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 Section 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: *James M. Jones* **James M. Jones** 4/21/08 (850) 621-6353