

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000003482

1. Entity Name
JIMMY SWAGGART MINISTRIES, INC.



Principal Place of Business
**8919 WORLD MINISTRY AVENUE
 BATON ROUGE, LA 70810**

Mailing Address
**P.O. BOX 262550
 BATON ROUGE, LA 70826-2550**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1222084

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
 236 EAST 6TH AVENUE
 TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE

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 _____
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, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAGGART, JIMMY 17575 HIGHLAND ROAD BATON ROUGE, LA 70810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWAGGART, DONNIE 17565 HIGHLAND ROAD BATON ROUGE, LA 70810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWAGGART, FRANCES 17575 HIGHLAND ROAD BATON ROUGE, LA 70810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD00000791201
 01/23/08-80065-009 61.25

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: *Jimmy Swaggart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____