## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000004116

**Current Principal Place of Business:** 

1740 PRINCETON RD

FLOSSMOOR, IL 60422

Address:

City-St-Zip:

Entity Name: JOHN ISLEIB MINISTRIES, INC.

FILED Jan 16, 2005 Secretary of State

12931 WINTHROP COVE DR JACKSONVILLE, FL 32224		12940 JUPITER HILLS CIRCLE N. JACKSONVILLE, FL 32225		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX 16768 JACKSONVILLE, FL 32245				
FEI Number: 41-1875384	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			f New Registered Agent:	
ISLEIB, JOHN 12931 WINTHROP COVE DR. JACKSONVILLE, FL 32224 US			ISLEIB, JOHN 12940 JUPITER HILLS CIRCLE N. JACKSONVILLE, FL 32225 US	
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:			01/16/2005	
Elec	tronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P	( ) Delete	Title: P	(X) Change ( ) Addition	

**New Principal Place of Business:** 

Name: ISLEIB, JOHN Name: ISLEIB, JOHN 12931 WINTHROP COVE DR Address: Address: 12940 JUPITER HILLS CIRCLE N. City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32225 Title: Title: (X) Change ( ) Addition ( ) Delete Name: ISLEIB, DAVIA Name: ISLEIB, DAVIA Address: 12931 WINTHROP COVE DR Address: 12940 JUPITER HILLS CIRCLE N. City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change () Addition BLACK, SAM Name: Name: **56 MELODY LANE** Address: Address: City-St-Zip: MAGGIE VALLEY, NC 28751 City-St-Zip: ( ) Delete Title: Title: () Change () Addition LOGAN, BILL Name: Name: 143 DELPHIA DR Address: Address: City-St-Zip: BREVARD, NC 28712 City-St-Zip: Title: Title: () Delete () Change () Addition ECKHARDT, JOHN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: DAVIA ISLEIB VS 01/16/2005