

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 08, 2004  
Secretary of State**

DOCUMENT# N02000006683

Entity Name: JUST AS I AM MINISTRY INC.

**Current Principal Place of Business:**

4409 ROYAL ST.  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

4409 ROYAL ST.  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 81-0563452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCALLISTER, DWAYNE SR  
4409 ROYAL ST.  
PALATKA, FL 32177

**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: PTD ( ) Delete  
Name: MCCALLISTER, DWAYNE E  
Address: 4409 ROYAL ST.  
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete  
Name: MCCALLISTER, WANDA  
Address: 4409 ROYAL ST.  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: MCCALLISTER, DWAYNE SR  
Address: 4409 ROYAL ST.  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: MCCALLISTER, DWAYNE JR  
Address: 4409 ROYAL ST.  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: MCCALLISTER, LETICIA I  
Address: 4409 ROYAL STREET  
City-St-Zip: PALATKA, FL 32177

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.

SIGNATURE: LETICIA MCCALLISTER

D

09/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date