

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000000026**

1. Entity Name

**P & M JACKSON MINISTRIES, INC.**



Principal Place of Business

**333 NAVY BLVD.  
WARRINGTON FL 32507**

Mailing Address

**PO BOX 4505  
WARRINGTON FL 32507**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

**86-1090295**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, MARIE  
333 NAVY BLVD.  
WARRINGTON FL 32507**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE ☐ Delete  
NAME **PT JACKSON, PRENECKER**  
STREET ADDRESS **109 LAKEWOOD RD.**  
CITY-STATE-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete  
NAME **PT JACKSON, MARIE**  
STREET ADDRESS **109 LAKEWOOD RD.**  
CITY-STATE-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete  
NAME **STT ELLIOT, ROSE**  
STREET ADDRESS **6276 1/2 FERGUSON DR.**  
CITY-STATE-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME **T JAMES, ALBERTA M**  
STREET ADDRESS **229 E. BARKER ST.**  
CITY-STATE-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME **T REESE, LILLIE**  
STREET ADDRESS **1556 MACKLIN PL**  
CITY-STATE-ZIP **PENSACOLA FL 32534**

TITLE ☐ Delete  
NAME **T SMITH, NORMAN G**  
STREET ADDRESS **7333 PINE FOREST ROAD, LOT 168**  
CITY-STATE-ZIP **PENSACOLA FL 32526**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**111111111144620  
03/07/06 000000-024 70.00**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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.