

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011752

FILED
May 05, 2006
Secretary of State

Entity Name: MJT MINISTRIES, INC.

Current Principal Place of Business:

8025 BAY MEADOWS CIRCLE EAST #1405
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8025 BAY MEADOWS CIRCLE EAST #1405
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 16-1723946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, MAXINE
8025 BAY MEADOWS CIRCLE EAST #1405
JACKSONVILLE, FL 32256 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, MAXINE
Address: 8025 BAY MEADOWS CIRCLE EAST #1405
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: MCLEAN, TREENA
Address: 1110 17TH STREET NORTH
City-St-Zip: JACKSONVILLE, FL 30250

Title: ST () Delete
Name: JOHNSON, JUNE
Address: 13532 TARRASA CT WEST
City-St-Zip: JACKSONVILLE, FL 32225

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MAXINE TAYLOR

P

05/05/2006

Electronic Signature of Signing Officer or Director

Date