


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 21 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40064128

DOCUMENT # N06000005368			
1. Entity Name JOSHUA AND MARIANA MINISTRIES, INC.			
Principal Place of Business 104 MULBERRY ST LAKE WALES, FL 33853		Mailing Address 104 MULBERRY ST LAKE WALES, FL 33853	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>60 Atlantic Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Babson Park, Florida</i>	
Zip	Country	Zip <i>33827</i>	Country <i>USA</i>
4. FEI Number <i>86-1171028</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OTTO, HELMUT 60 ATLANTIC AVE BABSON PK, FL 33827		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	



83062007 Chg-NP CR2E037 (12/06)

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

8. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Barbara S. Otto
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President, Treasurer, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Barbara S. Otto
STREET ADDRESS		STREET ADDRESS	60 Atlantic Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Babson Park, FL 33827
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Helmut Otto
STREET ADDRESS		STREET ADDRESS	60 Atlantic Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Babson Park, FL 33827
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mikki A. Rotton
STREET ADDRESS		STREET ADDRESS	P.O. Box 796
CITY-ST-ZIP		CITY-ST-ZIP	Waverly, FL 33877
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Barbara S. Otto* 3-15-2007 863-638-7799