

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005368

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** JOSHUA AND MARIANA MINISTRIES, INC.

**Current Principal Place of Business:**

60 ATLANTIC AVENUE  
BABSON PARK, FL 33827 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 691  
BABSON PARK, FL 33827

**New Mailing Address:**

**FEI Number:** 86-1171028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OTTO, HELMUT  
60 ATLANTIC AVE  
BABSON PK, FL 33827 US

**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: VPTS  
Name: OTTO, BARBARA S  
Address: 60 ATLANTIC AVE.  
City-St-Zip: BABSON PARK, FL 33827

Title: D  
Name: OTTO, BARBARA S  
Address: 60 ATLANTIC AVE.  
City-St-Zip: BABSO PARK, FL 33827

Title: DC  
Name: OTTO, HELMUT  
Address: 60 ATLANTIC AVE.  
City-St-Zip: BABSON PARK, FL 33827

Title: D  
Name: SCHROCK, THERESA A  
Address: 104 LAWSON DR. LOT 1  
City-St-Zip: BLOUNTVILLE, TN 37617 US

Title: D  
Name: BOSWELL, ANNIE  
Address: 407 ALABAMA STREET  
City-St-Zip: LAKE WALES, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: BARBARA S. OTTO

VPST

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date