

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22625

FILED
Apr 23, 2009
Secretary of State

Entity Name: JEFFERSON COUNTY MINISTERS CONFERENCE CORPORATION

Current Principal Place of Business:

2928 ASHVILLE RD
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

857 PINEWOODS RD
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKINS, JIMMY
2928 ASHVILLE RD
MONTICELLO, FL 32344 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: P () Delete
Name: BROOKINS, JIMMY
Address: 2925 ASHVILLE RD
City-St-Zip: MONTICELLO, FL 32344 US

Title: VP () Delete
Name: RANSOM, BEN
Address: 857 PINEY WOODS RD
City-St-Zip: MONTICELLO, FL 32344 US

Title: S () Delete
Name: REDMON, JAMES
Address: 382 E GLENN RD
City-St-Zip: MONTICELLO, FL 32344 US

Title: VP () Delete
Name: BIVENS, ALBERT S JR
Address: 101 S JEFF STREET
City-St-Zip: MONTICELLO, FL 32344 US

Title: T () Delete
Name: THOMAS, HERBERT
Address: 85 JUBILEE LN
City-St-Zip: MONTICELLO, FL 32344 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BEN RANSOM

Electronic Signature of Signing Officer or Director

VP

04/23/2009

Date