


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90076 032 ****61.25

DOCUMENT # N32420	
1. Entity Name J & L TEACHING MINISTRY, INC.	

Principal Place of Business C/O TIMOTHY J. MANOR 215 NORTH EOLA DRIVE ORLANDO, FL 32801	Mailing Address C/O TIMOTHY J. MANOR 215 NORTH EOLA DRIVE ORLANDO, FL 32801
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50008119



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2978998	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANOR, TIMOTHY J. 215 NORTH EOLA DRIVE ORLANDO, FL 32801

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: _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOGT, STEVE <input checked="" type="checkbox"/> Delete 1711 BARCELONA WAY WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMBERLAIN, PETER <input checked="" type="checkbox"/> Delete 2845 MARQUESAS COURT WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES, IRMA <input type="checkbox"/> Delete 5329 ROCK BOURNE CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEBBEN, LAUREL <input checked="" type="checkbox"/> Delete 2122 LILYPAD LANE WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, RANDALL <input type="checkbox"/> Delete 5329 ROCKBOURNE CT ORLANDO, FL 32812 *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hammonds, Jerry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1399 STANFIELD COVE Heathrow, FL. 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hammonds, Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1399 STANFIELD COVE Heathrow, FL. 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arnold, Ken <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16043 Green Cove Blvd Clermont, FL. 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Irma James (Irma James)</u>	Date: <u>1/27/05</u>	Daytime Phone # <u>407-658-0650</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		