


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

FILED
Feb 26, 2007 08:00 A
Secretary of State

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



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2978998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MANOR, TIMOTHY J. 215 NORTH EOLA DRIVE ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMONDS, JERRY 1399 STANFIELD COVE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMONDS, BARBARA 1399 STANFIELD COVE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES, IRMA 5329 ROCK BOURNE CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, KEN 16043 GREEN COVE BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, RANDALL 5329 ROCKBOURNE CT ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000649462
03/07/07-80049-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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: Irma James Sec/Pres 2/22/07 407-658-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #