

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32420

FILED
Jan 14, 2009
Secretary of State

Entity Name: J & L TEACHING MINISTRY, INC.

Current Principal Place of Business:

C/O TIMOTHY J. MANOR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O TIMOTHY J. MANOR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2978998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOR, TIMOTHY J.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: PD () Delete
Name: HAMMONDS, JERRY
Address: 1399 STANFIELD COVE
City-St-Zip: HEATHROW, FL 32746

Title: VD () Delete
Name: HAMMONDS, BARBARA
Address: 1399 STANFIELD COVE
City-St-Zip: HEATHROW, FL 32746

Title: ST () Delete
Name: JAMES, IRMA
Address: 5329 ROCK BOURNE CT
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: ARNOLD, KEN
Address: 16043 GREEN COVE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: JAMES, RANDALL
Address: 5329 ROCKBOURNE CT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: JAMES, IRMA
Address: 5329 ROCK BOURNE CT
City-St-Zip: ORLANDO, FL 32812

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: IRMA JAMES

S/T

01/14/2009

Electronic Signature of Signing Officer or Director

Date