

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000636

FILED
May 06, 2005
Secretary of State

Entity Name: ADDINIA JIREH MINISTRIES, INC.

Current Principal Place of Business:

2239 NW 89 STR
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

20621 NW 22ND CT
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRATT, JOEL E.
20621 NW 22 CT
MIAMI, FL 33056 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: D () Delete
Name: ROBINSON, JOSEPH
Address: 1141 NW 65TH ST
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: RUFF, CASEY
Address: 21000 NW 17TH AVE #3
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: PRATT, JOEL
Address: 20621 NW 22ND CT.
City-St-Zip: MIAMI, FL

Title: T (X) Delete
Name: BROWN, MARCUS
Address: 2981 NW 165 STREER
City-St-Zip: OPA LOCKA, FL 33054

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL E. PRATT

AGEN

05/06/2005

Electronic Signature of Signing Officer or Director

Date