


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000636</b>	
1. Entity Name ADDINIA JIREH MINISTRIES, INC.	

Principal Place of Business 2239 NW 89 STR MIAMI, FL 33142 US	Mailing Address 20621 NW 22ND CT MIAMI, FL 33056 US
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  PRATT, JOEL E. 20621 NW 22 CT MIAMI, FL 33056
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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 _____	000000757238 05/23/07-80063-009 70.00
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOSEPH 1141 NW 65TH ST MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFF, CASEY 21000 NW 17TH AVE #3 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRATT, JOEL 20621 NW 22ND CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A CULMER, DELORES 6501 N.W. 17 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GADSON, TERESA L 20760 N.W. MIAMI CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> <u>Teresa L. Gadson</u> <u>4-27-07</u> <u>754-4683</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR