

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004556

FILED
Apr 29, 2005
Secretary of State

Entity Name: JIREH MINISTRIES, INCORPORATED

Current Principal Place of Business:

399 RAIL ROAD AVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

4901 INDIALANTIC DR
ORLANDO, FL 32808

Current Mailing Address:

P.O. BOX 683256
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 59-3458402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYLES, SHARON
4901 INDIALANTIC DR.
ORLANDO, FL 32808 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: LYLES, SHARON
Address: 4901 INDIALANTIC DR.
City-St-Zip: ORLANDO, FL 32808

Title: VT () Delete
Name: RODGERS, DIANA
Address: 399 RAILROAD AVE
City-St-Zip: WINTER GARDEN, FL 34777

Title: SD () Delete
Name: STEVENSON, SHERIAN
Address: 2791 KIPLING ST
City-St-Zip: ORLANDO, FL 32808

Title: TB () Delete
Name: FUMBANKS, BARBARA
Address: 7817 ESSEX AVE
City-St-Zip: CHICAGO, IL 60649

Title: B () Delete
Name: ROGERS, JOHN
Address: 273 SPRINGS COLONY #234
City-St-Zip: ALTAMONTE SPRINGS, FL 32876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: GABRIELLE, RANDLE
Address: 4901 INDIALANTIC DR
City-St-Zip: ORLANDO, FL 32808

Title: B (X) Change () Addition
Name: RODGERS, DIANA
Address: 399 RAILROAD AVE
City-St-Zip: ORLANDO, FL 34787

Title: B (X) Change () Addition
Name: FUMBANKS, BARBARA
Address: 7817 ESSEX AVE
City-St-Zip: CHICAGO, IL 60649

Title: B (X) Change () Addition
Name: STEVENSON, SHERIAN
Address: 2791 KIPLING ST
City-St-Zip: ORLANDO, FL 32808

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: SHARON LYLES

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date