2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006
Secretary of State

DOCUMENT# N95000004556

Entity Name: JIREH MINISTRIES, INCORPORATED

Current Principal Place of Business:

4901 INDIALANTIC DR
ORLANDO, FL 32808

New Principal Place of Business:

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 ( )**
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:

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:	GABRIELLE, RANDLE	
Address:	4901 INDIALANTIC DR	
City-St-Zip:	ORLANDO, FL 32808	
Title:	B	( ) Delete
Name:	RODGERS, DIANA	
Address:	399 RAILROAD AVE	
City-St-Zip:	ORLANDO, FL 34787	
Title:	B	( ) Delete
Name:	FUMBANKS, BARBARA	
Address:	7817 ESSEX AVE	
City-St-Zip:	CHICAGO, IL 60649	
Title:	B	( ) Delete
Name:	STEVENSON, SHERIAN	
Address:	2791 KIPLING ST	
City-St-Zip:	ORLANDO, FL 32808	

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:	
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 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: SHARON LYLES PD 06/12/2006

Electronic Signature of Signing Officer or Director — Date