2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2007
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:

399 RAILROAD AVE
WINTER GARDEN, FL 34787

Current Mailing Address:

P.O. BOX 683256
ORLANDO, FL 32868

New Mailing Address:

399 RAILROAD AVE
WINTER GARDEN, FL 34787

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:

LYLES, SHARON
399 RAILROAD AVE
WINTER GARDEN, FL 34787 US

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: SHARON LYLES 06/02/2007
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: PD (X) Change ( ) Addition
Name: LYLES, SHARON
Address: 399 RAILROAD AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VT (X) Change ( ) Addition
Name: GABRIELLE, RANDLE
Address: 399 RAILROAD AVE
City-St-Zip: WINTER GARDEN, FL 34787

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 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 06/02/2007
Electronic Signature of Signing Officer or Director Date