2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N96000004066

Entity Name: JOHN SHIVER MINISTRIES INC

Current Principal Place of Business:

27548 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7696
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 59-3396219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVER, JOHN D REV
27548 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543 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:	P	( ) Delete
Name:	SHIVER, JOHN D REV.	
Address:	27548 KIRKWOOD CIRCLE	
City-St-Zip:	WESLEY CHAPEL, FL 33543	
Title:	VP	( ) Delete
Name:	SHIVER, EVETTE D	
Address:	27548 KIRKWOOD CIRCLE	
City-St-Zip:	WESLEY CHAPEL, FL 33543	
Title:	T	( ) Delete
Name:	GAMBLE, MILFORD	
Address:	2833 -14 PL	
City-St-Zip:	MERIDIAN, MS 39305	
Title:	T	( ) Delete
Name:	GAMBLE, DORIS	
Address:	2833 -14 PL	
City-St-Zip:	MERIDIAN, MS 39305	
Title:	T	( ) Delete
Name:	JACOBS, ROGER	
Address:	704 PONCE DE LEON	
City-St-Zip:	BROOKSVILLE, FL 34601	

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 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: EVETTE D. SHIVER VP 03/31/2009

Electronic Signature of Signing Officer or Director — Date