

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000791

Entity Name: ODANE JAMES MINISTRIES, INC.**Current Principal Place of Business:**9280 BAY PLAZA BLVD.
SUITE 724
TAMPA, FL 33619**Current Mailing Address:**9280 BAY PLAZA BLVD
SUITE 724
TAMPA, FL 33619 US**FEI Number:** 27-1774213**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAMES, ODANE
3410 CASTLE STONE CT.
VALRICO, FL 33594 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD, CEO
Name	JAMES, ODANE
Address	3410 CASTLE STONE CT.
City-State-Zip:	VALRICO FL 33594
Title	DIRECTOR
Name	JAMES, DAFTON
Address	1503 SW 161 AVE
City-State-Zip:	PEMBROKE PINES FL 33027
Title	COO
Name	WILLIAMS, JEROME
Address	3410 CASTLE STONE CT.
City-State-Zip:	VALRICO FL 33594

Title	DIRECTOR
Name	JAMES, TIFFANY
Address	3410 CASTLE STONE CT
City-State-Zip:	VALRICO FL 33594
Title	EXECUTIVE SECRETARY
Name	POWELL, CHANTAL
Address	3410 CASTLE STONE CT
City-State-Zip:	VALRICO FL 33594

I hereby 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 all other like empowered.

SIGNATURE: ODANE JAMES

CEO

01/09/2015

Electronic Signature of Signing Officer/Director Detail_____
Date