

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724330

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** JIM WILSON EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1718 WINDING OAKS DRIVE  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560043  
ORLANDO, FL 32856 US

**New Mailing Address:**

**FEI Number:** 59-1434865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, JAMES H  
1718 WINDING OAKS DRIVE  
ORLANDO, FL 32825 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: D ( ) Delete  
Name: WILSON, BOB  
Address: 604 DOMINION DRIVE  
City-St-Zip: SOUTHLAKE, TX 76092

Title: DV ( ) Delete  
Name: PALMER, JAMES  
Address: 816 MILES RD  
City-St-Zip: SUMMERVILLE, SC 29485

Title: PD ( ) Delete  
Name: WILSON, JAMES H  
Address: 1718 WINDING OAKS DR  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SIMMONS, MIKE  
Address: PO BOX 323  
City-St-Zip: WEST POINT, MS 39773

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

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

Title: D ( ) Change (X) Addition  
Name: MARY HELEN, WILSON  
Address: PO BOX 877  
City-St-Zip: MONTREAT, NC 28757

Title: D ( ) Change (X) Addition  
Name: BYRON, BLEDSOE  
Address: 13000 LAKE LIVE OAK DR  
City-St-Zip: ORLANDO, FL 32828

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: JAMES H. WILSON

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date