

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724330

**FILED**  
**Jan 15, 2011**  
**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  
Name: SIMMONS, MIKE  
Address: PO BOX 323  
City-St-Zip: WEST POINT, MS 39773

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

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

Title: D  
Name: MARY HELEN, WILSON  
Address: PO BOX 877  
City-St-Zip: MONTREAT, NC 28757

Title: D  
Name: BYRON, BLEDSOE  
Address: 3744 AVALON PARK BLVD  
City-St-Zip: ORLANDO, FL 32828

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: JAMES H. WILSON

PRES

01/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date