

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90273 001 \*\*\*\*61.25  
03-05-2007 90273 002 \*\*\*\*\*8.75

**DOCUMENT # F94000000463**

1. Entity Name  
**JEREMIAH MINISTRIES, INC.**



Principal Place of Business  
**4799 COCONUT CREEK PARKWAY  
#134  
COCONUT CREEK, FL 33063 US**

Mailing Address  
**PO BOX 936127  
MARGATE, FL 33093 US**



02182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-3858103</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GINSBERG, WENDY  
4799 COCONUT CREEK PARKWAY  
#134  
COCONUT CREEK, FL 33063**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9.- Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GINSBERG, JEREMIAH  
STREET ADDRESS 4799 COCONUT CREEK PKY #134  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE V  
NAME KOFLANOVICH, STEVEN  
STREET ADDRESS PO BOX 595  
CITY-ST-ZIP MT HERMON, CA 95041

TITLE STD  
NAME GINSBERG, WENDY  
STREET ADDRESS 4799 COCONUT CREEK PKY #134  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE D  
NAME HOLLOWELL, DENNY  
STREET ADDRESS 2804 STERLING POINT DR.  
CITY-ST-ZIP PORTSMOUTH, VA 23703

TITLE D  
NAME LOPEZ, DAVE  
STREET ADDRESS 1066 ROSABELL AVE.  
CITY-ST-ZIP LOS ANGELES, CA 90066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Wendy J Ginsberg* **WENDY J GINSBERG** 2/22/07 954-722-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #