2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F94000000463

Entity Name: JEREMIAH MINISTRIES, INC.

Current Principal Place of Business:

4799 COCONUT CREEK PARKWAY
#134
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 936127
MARGATE, FL 33093 US

New Mailing Address:

FEI Number: 95-3858103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GINSBERG, WENDY
4799 COCONUT CREEK PARKWAY
#134
COCONUT CREEK, FL 33063 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:	PD	( ) Delete
Name:	GINSBERG, JEREMIAH	
Address:	4799 COCONUT CREEK PKY #134	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	V	( ) Delete
Name:	KOFLANOVICH, STEVEN	
Address:	PO BOX 595	
City-St-Zip:	MT HERMON, CA 95041	
Title:	STD	( ) Delete
Name:	GINSBERG, WENDY	
Address:	4799 COCONUT CREEK PKY #134	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	D	( ) Delete
Name:	HOLLOWELL, DENNY	
Address:	2804 STERLING POINT DR.	
City-St-Zip:	PORTSMOUTH, VA 23703	
Title:	D	( ) Delete
Name:	LOPEZ, DAVE	
Address:	1066 ROSABELL AVE.	
City-St-Zip:	LOS ANGELES, CA 90066	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	KOFLANOVICH, STEVEN	
Address:	2 A SUMMIT AVE BOX 595	
City-St-Zip:	MT HERMON, CA 95041	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LOPEZ, DAVE	
Address:	2816 CLAIRE ST B	
City-St-Zip:	LAKE ISABELLA, CA 93240	

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: WENDY GINSBERG SECY 04/15/2009

Electronic Signature of Signing Officer or Director — Date