

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004116

FILED
Apr 25, 2006
Secretary of State

Entity Name: JOHN ISLEIB MINISTRIES, INC.

Current Principal Place of Business:

12940 JUPITER HILLS CIRCLE N.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16768
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 41-1875384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLEIB, JOHN
12940 JUPITER HILLS CIRCLE N.
JACKSONVILLE, FL 32225 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: P () Delete
Name: ISLEIB, JOHN
Address: 12940 JUPITER HILLS CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VS () Delete
Name: ISLEIB, DAVIA
Address: 12940 JUPITER HILLS CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: BLACK, SAM
Address: 56 MELODY LANE
City-St-Zip: MAGGIE VALLEY, NC 28751

Title: D () Delete
Name: LOGAN, BILL
Address: 143 DELPHIA DR
City-St-Zip: BREVARD, NC 28712

Title: D () Delete
Name: ECKHARDT, JOHN
Address: 1740 PRINCETON RD
City-St-Zip: FLOSSMOOR, IL 60422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN ISLEIB

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date