2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 8:00 am
Secretary of State
04-07-2008 90035 030 ****61.25

DOCUMENT # N00000000260

1. Entity Name

JEHOVAH-SHAMAH MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1238 HIGH SPRINGS FL 32655	P.O. BOX 1238 HIGH SPRINGS FL 32655

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANTON, RONALD 25602 N.W. 122ND AVENUE HIGH SPRINGS FL 32643	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLANTON, RONALD P.O. BOX 1238 HIGH SPRINGS FL 32655	☐ Delete	T JAQUE WALKER 3927 NW 59th AVE. GAINESVILLE FL. 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLANTON, ANN P.O. BOX 1238 HIGH SPRINGS FL 32655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAINES, ELIZABETH 25616 N.W. 122ND AVENUE HIGH SPRINGS FL 32643	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARRINGTON, SUZANNE 25504 N.W. 122ND AVENUE HIGH SPRINGS FL 32643	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANGFORD, HAZEL PO BOX 158 BALSAM GROVE NC 28708-0158	☒ Delete	T GREGORY HALE 1931 NW. 84th DR. GAINESVILLE, FL. 32606	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANAUSDALL, BOBBY 5202 MARY HART CIR LAKE PARK GA 31636	☒ Delete	T MICHAEL LEWIS 4801 S.W. 63rd BLVD GAINESVILLE FL. 32601	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: D M Blanton 3-21-08 386-454-1353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66009354

#NT0000000260

Form **SS-4** (Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, Government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Jehovah-Shamah Ministries, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Ronald N. Blanton

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 1238

4b Business address (if different from address on lines 4a and 4b)

4c City, state, and ZIP code
High Springs, FL 32655

4d City, state, and ZIP code

5 County and state where principal business is located
Alachua Co. - Florida

6 Name of principal officer, general partner, grantor, owner, or trustor. SSN or ITIN may be required (see instructions) ▶
Ronald N. Blanton 403-34-6112

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- [ ] Sole proprietor (SSN) ___ ___ ___
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [X] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶
- [ ] Other (specify) ▶
- [ ] Personal service corp.
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] Estate (SSN of decedent)
- [ ] Plan administrator (SSN)
- [ ] Other corporation (specify) ▶
- [ ] Trust
- [ ] Federal government/military
- [ ] REMIC (Name GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State: Florida; Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- [ ] Started new business (specify type) ▶
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify purpose) ▶
- [ ] Changed type of organization (specify new type) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶
- [X] Other (specify) ▶ New Charter

10 Date business started or acquired (month, day, year) (see instructions)
1/6/2000

11 Closing month of accounting year (see instructions)
Nov. 30

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)
0 ▶ Nonagricultural | Agricultural | Household

14 Principal activity (see instructions) ▶ Religious-Church

15 Is the principal business activity manufacturing?
[ ] Yes [X] No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
[ ] Public (retail) [ ] Other (specify) ▶ [ ] Business (wholesale) [X] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?
[X] Yes [ ] No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 1/11/83
City and state where filed: High Springs, Florida
Previous EIN: 59 2241238

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (904) 454-1353
Fax telephone number (include area code): (904) 454-4347

Name and title (Please type or print clearly.) ▶ Ronald N. Blanton

Signature ▶ Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form SS-4 (Rev. 4-2000)

ATTACHMENT 66009354
#N00000000260

Form **SS-4** (Rev. April 2000) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Jehovah-Shamah Ministries, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Ronald N. Blanton

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 1238

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
High Springs, FL 32655

5b City, state, and ZIP code

6 County and state where principal business is located
Alachua Co. - Florida

7 Name of principal officer, general partner, grantor, owner, or trustor SSN or ITIN may be required (see instructions) ▶
Ronald N. Blanton — 403-34-6112

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- [ ] Sole proprietor (SSN)
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [x] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶
- [ ] Other (specify) ▶
- [ ] Personal service corp.
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] Estate (SSN of decedent)
- [ ] Plan administrator (SSN)
- [ ] Other corporation (specify) ▶
- [ ] Trust
- [ ] Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- [ ] Started new business (specify type) ▶
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify purpose) ▶
- [ ] Changed type of organization (specify new type) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶
- [x] Other (specify) ▶ New Charter

10 Date business started or acquired (month, day, year) (see instructions)
1/6/2000

11 Closing month of accounting year (see instructions)
Nov. 30

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶ 0

Nonagricultural	Agricultural	Household

14 Principal activity (see instructions) ▶ Religious-Church

15 Is the principal business activity manufacturing? [ ] Yes [x] No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. [ ] Business (wholesale)
[ ] Public (retail) [ ] Other (specify) ▶ [x] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? [x] Yes [ ] No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
1/11/83	High Springs, Florida	59 2241238

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (904) 454-1353

Fax telephone number (include area code) (904) 454-4347

Name and title (Please type or print clearly.) ▶ Ronald N. Blanton

Signature ▶ Date ▶

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying