## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N00000005516**

Entity Name

GEORGE JONES MINISTRIES, INC.



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

2100 BARDEN STREET

FT. MYERS, FL 33916

Mailing Address

2100 BARDEN STREET FT. MYERS, FL 33916



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0904451 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JONES, GEORGE 2100 BARDEN STREET FT. MYERS, FL 33916

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				<del></del>		
<ol><li>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.</li></ol>						
SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reliestating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, GEORGE 2100 BARDEN STREET FT. MYERS, FL 33916				U0000038417 <del>3</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZP	S/TD HOPSON, MARY LEE 2100 BARDEN STREET FT. MYERS, FL 33916				01/17/06-80001-020 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, ESTELLA 2100 BARDEN STREET FT. MYERS, FL 33916			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
12. I hereby certify that the information supplied with this filling 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 all other like empowered.						

H OR DIRECTOR