


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005516 1. Entity Name GEORGE JONES MINISTRIES, INC.	
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Principal Place of Business 2100 BARDEN STREET FT. MYERS, FL 33916	Mailing Address 2100 BARDEN STREET FT. MYERS, FL 33916
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-NP CR2E037 (4/08)

4. FEI Number 65-0904451	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, GEORGE 2100 BARDEN STREET FT. MYERS, FL 33916

**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 filer 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000659018
03/16/07-80014-008 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, GEORGE 2100 BARDEN STREET FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/TD HOPSON, MARY LEE 2100 BARDEN STREET FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EDWARDS, ESTELLA 2100 BARDEN STREET FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Mary L. Hopson / Mary L. Hopson 03/05/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #