


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
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



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0904451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S HOPSON, MARY LEE 2100 BARDEN STREET FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD EDWARDS, ESTELLA 2100 BARDEN STREET FT. MYERS, FL 33916
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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 04/11/08 (239) 332-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #