

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 04, 2009  
Secretary of State**

DOCUMENT# N0000000516

Entity Name: GEORGE JONES MINISTRIES, INC.

**Current Principal Place of Business:**

2100 BARDEN STREET  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2100 BARDEN STREET  
FT. MYERS, FL 33916

**New Mailing Address:**

FEI Number: 65-0904451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, GEORGE  
2100 BARDEN STREET  
FT. MYERS, FL 33916      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: PD ( ) Delete  
Name: JONES, GEORGE  
Address: 2100 BARDEN STREET  
City-St-Zip: FT. MYERS, FL 33916

Title: VP/S ( ) Delete  
Name: HOPSON, MARY LEE  
Address: 2100 BARDEN STREET  
City-St-Zip: FT. MYERS, FL 33916

Title: S/TD ( ) Delete  
Name: EDWARDS, ESTELLA  
Address: 2100 BARDEN STREET  
City-St-Zip: FT. MYERS, FL 33916

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: EDWARDS, ESTELLA  
Address: 2100 BARDEN STREET  
City-St-Zip: FT. MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify 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: MARY L. HOPSON

VP/S

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date