## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000022

City-St-Zip:

DAYTONA BEACH, FL 32114

FILED May 07, 2005 Secretary of State

D 0 0 0 10	//E/17// 1101000000022	ocorciar y	or otate	
Entity Na	me: T.L. JACKSON MINISTRIES, INC.			
Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
	BYSHIRE ROAD A BEACH, FL 32114			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	BYSHIRE ROAD A BEACH, FL 32114			
In accordan	: 59-3689685 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation d	id not receive the prior notice.	. ,	
Name and	I Address of Current Registered Agent	: Name and Address of New Registered Ag	ent:	
752 DERB	I, DEPHRIN BYSHIRE ROAD A BEACH, FL 32114 US			
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered a	gent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete JACKSON, DEPHRIN 752 DERBYSHIRE ROAD DAYTONA BEACH, FL 32114	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	SD ( ) Delete JACKSON, CAROLYN 816 SHARRON CIRCLE LAKELAND, FL 33805	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address:	TD ( ) Delete JACKSON, JONNIE 357 ROSE AVE APT. C	Title: ( ) Change ( ) Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: DEPHRIN JACKSON PD 05/07/2005