

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90010 046 ****61.25



DOCUMENT # N01000000468			
1. Entity Name JOSHUA MINISTRIES, INC.			
Principal Place of Business 2151 LANE AVE S SUITE 105 JACKSONVILLE FL 32210 US		Mailing Address JOSHUA MINISTRIES P O BOX 441113 JACKSONVILLE FL 32222 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3696968		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ORANGE, BOBBY J JR 3653 AUGUST CROSSING COURT JACKSONVILLE FL 32210		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	Anthony Sims <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORANGE, BOBBY J JR	NAME	1717 Loch Leven Ct. (Advisor)
STREET ADDRESS	3653 AUGUST CROSSING COURT	STREET ADDRESS	Orange Park, FL 32065
CITY- ST- ZIP	JACKSONVILLE FL 32210	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Catrina Hoskins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORANGE, JACQUELYN	NAME	1717 Loch Leven Ct. (Advisor)
STREET ADDRESS	3653 AUGUST CROSSING COURT	STREET ADDRESS	Orange Park, FL 32065
CITY- ST- ZIP	JACKSONVILLE FL 32210	CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNBLING, JENNIFER	NAME	
STREET ADDRESS	7469 STRATO ROAD	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32210	CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, CHRISTOPHER	NAME	
STREET ADDRESS	7108 DUNSON ROAD	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32244	CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, MARIE	NAME	
STREET ADDRESS	10349 SANDLER RD	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32222	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ELOUISE	NAME	
STREET ADDRESS	5208 ORTEGA GLEN DRIVE	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32210	CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bobby J. Orange* **2-18-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #