

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90013 002 ****61.25

DOCUMENT # N01000004285

1. Entity Name

P-3 MINISTRIES, INC.



Principal Place of Business

1953 WEST 9TH STREET
JACKSONVILLE FL 32209

Mailing Address

1953 WEST 9TH STREET
JACKSONVILLE FL 32209



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 (10/07)

4. FEI Number

59-3726168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, PERCY SR, REV
2068 MIDDLEBURG RD N
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME JACKSON, PERCY SR.
STREET ADDRESS 2068 OLD MIDDLEBURG
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SMALLS, MILLEDGE
STREET ADDRESS 823 MACKINAW ST
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME WEBSTER, EARL
STREET ADDRESS 2017 PULLMAN AVE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☒ Delete
NAME SANDERS, ANNIE
STREET ADDRESS 10995 APPLE BLOSSOM TER E
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME JACKSON, PERCY JR.
STREET ADDRESS 8750 SPRING HARVEST LN E
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2072 Old Middleburg Rd.
CITY-ST-ZIP Jax, FLs 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

4/25/08