

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90099 047 \*\*\*\*61.25

<b>DOCUMENT # N01000005377</b>					
<b>1. Entity Name</b> JOURNEY MINISTRIES OF CENTRAL FLORIDA, INC.					
<b>Principal Place of Business</b> 5730 OLD CHENEY HIGHWAY ORLANDO, FL 32807			<b>Mailing Address</b> PO BOX 780683 ORLANDO, FL 32878		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3735117	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GROVES, JAMES E 14101 PORTRUSH DRIVE ORLANDO, FL 32828			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> GROVES, JAMES E <b>STREET ADDRESS</b> 14101 PORTRUSH DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32828	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LOVELACE, LUCINDA <b>STREET ADDRESS</b> 735 MALONEY LANE <b>CITY-ST-ZIP</b> ORLANDO FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GROVES, DEBRA K <b>STREET ADDRESS</b> 14101 PORTRUSH DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32828	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> LONDON, CLAUDE M <b>STREET ADDRESS</b> 833 PINE MEADOWS ROAD <b>CITY-ST-ZIP</b> ORLANDO, FL 32825	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> SAMS, DANIELLE E <b>STREET ADDRESS</b> 12423 CASTLEMAIN TRAIL <b>CITY-ST-ZIP</b> ORLANDO, FL 32828	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> NELSON, RONALD C <b>STREET ADDRESS</b> 2831 LOGANDALE DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ECK, KAY <b>STREET ADDRESS</b> 5012 SPRING RUN AVENUE <b>CITY-ST-ZIP</b> ORLANDO, FL 32819	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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, without other like empowered.</b>					
<b>SIGNATURE:</b>			Date: 1/14/08 Daytime Phone #: 407-737-8730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					