

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 034 ****61.25

DOCUMENT # N01000007510

1. Entity Name
JEFF SPOONEYBARGER MINISTRIES, INC.



Principal Place of Business
**6500 GREENWELL STREET
PENSACOLA, FL 32526**

Mailing Address
**6500 GREENWELL STREET
PENSACOLA, FL 32526**

40054041



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

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0555813

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

**SPOONEYBARGER, JEFF
6500 GREENWELL STREET
PENSACOLA, FL 32526**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE ☐ Delete
NAME **SPOONEYBARGER, JEFF**
STREET ADDRESS **6500 GREENWELL STREET**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Delete
NAME **PORTER, JOHN**
STREET ADDRESS **1333 UPLAND CREST CT**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Delete
NAME **FURCHES, TIM**
STREET ADDRESS **7412 ODELL LANE**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☒ Delete
NAME **HARDIN, JEROME**
STREET ADDRESS **9 S 71ST AVE**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE ☐ Delete
NAME **GILLILAND, CHAD**
STREET ADDRESS **959 OSPREY CT**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete
NAME **Chris Bell**
STREET ADDRESS **2555 Pine Forest Rd**
CITY-ST-ZIP **Centerton, FL 32533**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Chris Bell**
STREET ADDRESS **2555 Pine Forest Rd**
CITY-ST-ZIP **Centerton, FL 32533**

TITLE ☐ Change ☒ Addition
NAME **David Wiggins**
STREET ADDRESS **130 Camden Rd**
CITY-ST-ZIP **Pensacola, FL 32514**

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

TITLE ☐ Change ☐ Addition
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 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, with all other like empowered.

SIGNATURE

Jeff Spooner

3/6/07