

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 016 ****70.00

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04042004 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000001151 1. Entity Name JP EXPRESSION MINISTRIES, INC.					
Principal Place of Business 435 CLARK RD., SUITE 402 405 JACKSONVILLE, FL 32218			Mailing Address PO BOX 41043 JACKSONVILLE, FL 32203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 60-0000741 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PARKER-TRICE, JUANITA 435 CLARK RD., SUITE 402 405 JACKSONVILLE, FL 32218	
7. Name and Address of New Registered Agent 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 <u><i>Juanita Parker Trice</i></u> <u>Juanita Parker Trice</u> <u>4/4/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS					
TITLE	C	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	BERRIAN, EARNEST		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3990 LORETTO RD.		NAME	Melton, Dot	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		STREET ADDRESS	8024 Southside Blvd #78	
TITLE	D	<input type="checkbox"/> Delete	CITY-ST-ZIP	Jacksonville, FL 32256	
NAME	BODDIE, JAMES		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	2110 BLUE AVE.		NAME	Randolph B. Lewis	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		STREET ADDRESS	P.O. Box 11675	
TITLE	D	<input type="checkbox"/> Delete	CITY-ST-ZIP	St Petersburg, FL 33733-1675	
NAME	HERRING, ROBERT E SR.		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1620 HELENA ST.		NAME		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		STREET ADDRESS		
TITLE	D	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, EUGENE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	933 ARDMORE ST.		NAME		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		STREET ADDRESS		
TITLE	D	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, DERRELL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7953 SHIRCLIF DR.		NAME		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		STREET ADDRESS		
TITLE	D	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, JOHN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1743 MILLER ST.		NAME		
CITY-ST-ZIP	ORANGE PARK, FL 32073		STREET ADDRESS		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Juanita Parker Trice</i></u> <u>Juanita Parker Trice</u> <u>4/4/04</u> <u>388-22</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					