

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002485		
1. Entity Name J. W. HANKS SR. MINISTRIES, INC.		

Principal Place of Business 7895 SE 36 CT OCALA FL 34471	Mailing Address 7895 SE 36 CT OCALA FL 34471
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3538866	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HANKS, JOHN W SR 7895 SE 36 CT OCALA FL 34471

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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HANKS, JOHN W SR		NAME		
STREET ADDRESS	7895 SE 36 CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HANKS, LILLIE		NAME		
STREET ADDRESS	7895 SE 36 CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	COLEMAN, THELMA		NAME		
STREET ADDRESS	6540 S E 30 ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LAWTON, MAE HELEN		NAME		
STREET ADDRESS	2801 NE 127 PL		STREET ADDRESS		
CITY-ST-ZIP	SPARR FL 32192		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SHAW, KEITH L		NAME		
STREET ADDRESS	240 NE 127 PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Handwritten Signature]* J. W. Hanks Sr. 2-10-06 (352) 2-6912