

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002485

FILED
Feb 21, 2007
Secretary of State

Entity Name: J. W. HANKS SR. MINISTRIES, INC.

Current Principal Place of Business:

7895 SE 36 CT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

7895 SE 36 CT
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3538866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKS, JOHN W SR
7895 SE 36 CT
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANKS, JOHN W SR
Address: 7895 SE 36 CT
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: HANKS, LILLIE
Address: 7895 SE 36 CT
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: COLEMAN, THELMA
Address: 6540 S E 30 ST
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: LAWTON, MAE HELEN
Address: 2801 NE 127 PL
City-St-Zip: SPARR, FL 32192

Title: D () Delete
Name: SHAW, KEITH L
Address: 240 NE 127 PL
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAW, KEITH L
Address: 4518 SE 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32641

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HANKS, SR.

D

02/21/2007

Electronic Signature of Signing Officer or Director

Date