

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 036 ****70.00

DOCUMENT # N02000005912

1. Entity Name

JEREMIAH'S WELL MINISTRIES, INC.



Principal Place of Business

**160 VIA HAVARRE
MERRITT ISLAND FL 32953**

Mailing Address

**160 VIA HAVARRE
MERRITT ISLAND FL 32953**

2. Principal Place of Business

634 ORANGE CT.

3. Mailing Address

634 ORANGE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

City & State

ROCKLEDGE, FL

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

4. FEI Number

76-0708443

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BILLINGS, LINDA K
160 VIA HAVARRE
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

634 ORANGE COURT

City

ROCKLEDGE

FL

Zip Code

32955

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD
NAME BILLINGS, DR. GARY D ☐ Delete
STREET ADDRESS 160 VIA HAVARRE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE S
NAME BILLINGS, LINDA K ☐ Delete
STREET ADDRESS 160 VIA HAVARRE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE TD
NAME GROVE, ROBERT ☐ Delete
STREET ADDRESS 300 OAK AVE
CITY-ST-ZIP NAPLES FL 34108

TITLE D
NAME GROVE, JUDY ☐ Delete
STREET ADDRESS 300 OAK AVE
CITY-ST-ZIP NAPLES FL 34108

TITLE D
NAME OWSLEY, JIM ☐ Delete
STREET ADDRESS 6205 NORTH SR 48
CITY-ST-ZIP LEBANON OH 45036

TITLE D
NAME OWSLEY, JACKIE ☐ Delete
STREET ADDRESS 6205 NORTH SR 48
CITY-ST-ZIP LEBANON OH 45036

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 634 ORANGE COURT
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 634 ORANGE COURT
CITY-ST-ZIP ROCKLEDGE, FL 32955

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-04 (321) 631-9003