


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005912	
1. Entity Name JEREMIAH'S WELL MINISTRIES, INC.	

Principal Place of Business 634 ORANGE CT. ROCKLEDGE, FL 32955	Mailing Address 634 ORANGE CT. ROCKLEDGE, FL 32955
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02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0708443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BILLINGS, LINDA K 634 ORANGE COURT ROCKLEDGE, FL 32955
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLINGS, DR. GARY D 634 ORANGE COURT ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILLINGS, LINDA K 634 ORANGE COURT ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROVE, ROBERT 300 OAK AVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVE, JUDY 300 OAK AVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWSLEY, JIM 6205 NORTH SR 48 LEBANON, OH 45036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWSLEY, JACKIE 6205 NORTH SR 48 LEBANON, OH 45036

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03/10/05-80051-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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

3/7/05 1-321-698-4142
Date Daytime Phone #