

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005912

FILED
Jan 16, 2009
Secretary of State

Entity Name: JEREMIAH'S WELL MINISTRIES, INC.

Current Principal Place of Business:

634 ORANGE CT.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

634 ORANGE CT.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 76-0708443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLINGS, LINDA K
634 ORANGE COURT
ROCKLEDGE, FL 32955 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: PD () Delete
Name: BILLINGS, DR. GARY D
Address: 634 ORANGE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: BILLINGS, LINDA K
Address: 634 ORANGE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: GROVE, ROBERT
Address: 300 OAK AVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: GROVE, JUDY
Address: 300 OAK AVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: OWSLEY, JIM
Address: 6205 NORTH SR 48
City-St-Zip: LEBANON, OH 45036

Title: D () Delete
Name: OWSLEY, JACKIE
Address: 6205 NORTH SR 48
City-St-Zip: LEBANON, OH 45036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: HOLLOWAY, STEVEN
Address: 3434 LOST CANYON PLACE
City-St-Zip: COCOA, FL 32926

Title: D (X) Change () Addition
Name: HOLLOWAY, LAURIE
Address: 3434 LOST CANYON
City-St-Zip: COCOA, FL 32926

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DR. GARY D. BILLINGS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date