

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005912

FILED  
Feb 28, 2011  
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 (X)**

**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  
**Name:** BILLINGS, DR. GARY D  
**Address:** 634 ORANGE COURT  
**City-St-Zip:** ROCKLEDGE, FL 32955

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

**Title:** TD  
**Name:** HOLLOWAY, STEVEN  
**Address:** 731 FAIRWAY DR.  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** D  
**Name:** HOLLOWAY, LAURIE  
**Address:** 731 FAIRWAY DR.  
**City-St-Zip:** MELBOURNE, FL 32940

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** DR. GARY D. BILLINGS

PD

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date