



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90003 028 \*\*\*\*70.00

<b>DOCUMENT # N02000009122</b> 1. Entity Name <b>JFJ MINISTRIES, INC.</b>					
Principal Place of Business <b>12100 PARK BLVD. #107 SEMINOLE, FL 33772</b>				Mailing Address <b>12100 PARK BLVD. #107 SEMINOLE, FL 33772</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>81-0584912</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05172005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>BENTLEY, CINDY 12100 PARK BLVD. #107 SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name <b>LANE, CINDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>12100 Park Blvd. # 107</b> City <b>SEMINOLE</b> <b>FL</b> Zip Code <b>33772</b>		
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 <u><i>Cindy Lane President</i></u> <span style="float: right;">5/18/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENTLEY, CINDY 12100 PARK BLVD. #107 SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMYZER, ROGER 250 SIESTA LANE LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANZON, SAM 3301 58 AVENUE SO. #509 ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BRENT 8018 Philajelic Drive SPRING HILL, Florida 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, ALVIN 12100 Park Blvd. #107 Seminole, Florida 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Cindy Lane President</i></u> <span style="float: right;">5/18/05 727-798-4264</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					