

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009122

FILED
May 01, 2006
Secretary of State

Entity Name: JFJ MINISTRIES, INC.

Current Principal Place of Business:

12100 PARK BLVD. #107
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

12100 PARK BLVD. #107
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 81-0584912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANE, CINDY
12100 PARK BLVD. #107
SEMINOLE, FL 33772 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: DPT () Delete
Name: LANE, CINDY
Address: 12100 PARK BLVD. #107
City-St-Zip: SEMINOLE, FL 33772

Title: DS () Delete
Name: SMYZER, ROGER
Address: 250 SIESTA LANE
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: COOPER, BRENT
Address: 8018 PHILAJELIC DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: V () Delete
Name: LANE, ALVIN
Address: 12100 PARK BLVD #107
City-St-Zip: SEMINOLE, FL 33772

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: READING, PATTI
Address: 1437 PARILLA CIRCLE
City-St-Zip: TRINITY, FL 34655

Title: D () Change (X) Addition
Name: CURRAN, CHRISTINA
Address: 844 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY LANE

DPT

05/01/2006

Electronic Signature of Signing Officer or Director

Date