

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009356

Entity Name: J.C. MINISTRIES, INC.

FILED
Aug 16, 2007
Secretary of State

Current Principal Place of Business:

3001 HIGH POINTE PL
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

3001 HIGH POINTE PL
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 81-0600071 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:

CRENSHAW, JANICE DR
3001 HIGHPOINT PL
PENSACOLA, FL 32505 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: P () Delete
Name: CRENSHAW, JANICE DR
Address: 7824 WOODPOINTE DR
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: CRENSHAW, JOHN BISHOP
Address: 7824 WOODPOINTE DR
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: MOORE, NICHOLE
Address: 604 CREASY COURT
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRENSHAW, JANICE DR
Address: 3001 HIGH POINT PLACE
City-St-Zip: PENSACOLA, FL 32505

Title: VP (X) Change () Addition
Name: CRENSHAW, JOHN BISHOP
Address: 3001 HIGH POINT PLACE
City-St-Zip: PENSACOLA, FL 32505

Title: S (X) Change () Addition
Name: LEWIS, JEANICE
Address: 570 SHILOH
City-St-Zip: PENSACOLA, FL 32503

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. JANICE CRENSHAW

P

08/16/2007

Electronic Signature of Signing Officer or Director

Date