2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009356

Entity Name: J.C. MINISTRIES, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1508 W. LARUA ST.

PENSACOLA, FL 32501

3001 HIGH POINTE PLACE
PENSACOLA, FL 32505

Current Mailing Address: New Mailing Address:

P.O. BOX 19053 PENSACOLA, FL 32523

FEI Number: 81-0600071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRENSHAW, JANICE DR
4041 E. OLIVE RD. #396
PENSACOLA, FL 32514 US
CRENSHAW, JANICE DR
3001 HIGH POINTE PLACE
PENSACOLA, FL 32505 US

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: 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 CRENSHAW, JANICE DR
 Name:
 CRENSHAW, JANICE DR

 Address:
 4041 E. OLIVE RD. #396
 Address:
 3001 HIGH POINTE PLACE

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32505

Title: () Delete Title: (X) Change () Addition CRENSHAW, JOHN BISHOP Name: Name: CRENSHAW, JOHN BISHOP Address: 4041 E. OLIVE RD. #396 Address: 3001 HIGH POINTE PLACE City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete Title: () Change () Addition

 Name:
 LEWIS, JEANICE
 Name:

 Address:
 570 SHILOH
 Address:

 City-St-Zip:
 PENSACOLA, FL 32503
 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: JANICE CRENSHAW P 04/06/2009