


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 010 ****61.25

DOCUMENT # N02558							
1. Entity Name JESUS IS ! MINISTRIES, INC.							
Principal Place of Business %JAMES R. ADAMS DAISY STREET BOX 1110 INGLIS, FL 34449 US			Mailing Address %JAMES R. ADAMS P O BOX 1110 INGLIS, FL 34449-1110 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2412090			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ADAMS, JAMES R. 42 DAISY ST BOX 331 INGLIS, FL 34449			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADAMS, JAMES R.		NAME	ADAMS, JOHN C.			
STREET ADDRESS	DAISY STREET, POB 331		STREET ADDRESS	149 SAPP STREET			
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP	INGLIS, FL 34449			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BONTRAGER, CONNIE M		NAME	ADAMS, JEFF D.			
STREET ADDRESS	58 DAISY STREET P.O. BOX 1110		STREET ADDRESS	4240 N. CONCORD DRIVE			
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, GLORIA J.		NAME				
STREET ADDRESS	DAISY STREET, POB 331		STREET ADDRESS				
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWER, FRANK W JR.		NAME				
STREET ADDRESS	1402 MINERAL CT		STREET ADDRESS				
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPANGLER, DONALD C		NAME				
STREET ADDRESS	9130 E BELLA VISTA CT		STREET ADDRESS				
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENNESSY, FRANCIS J		NAME				
STREET ADDRESS	108 DAISY ST		STREET ADDRESS				
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP				
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: <i>James R. Adams</i>		JAMES R. ADAMS, PRES. 4-22-04		(352) 447-2731			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			