


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90459 024 ****70.00

DOCUMENT # N02558 1. Entity Name JESUS IS ! MINISTRIES, INC.	
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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
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2. Principal Place of Business c/o Jeff D. Adams Suite, Apt. #, etc. 42 Daisy St., P.O. Box 1110	3. Mailing Address c/o Jeff D. Adams Suite, Apt. #, etc. 42 Daisy St., P.O. Box 1110
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City & State Inglis, Fl.	City & State Inglis, Fl.	4. FEI Number 59-2412090	Applied For <input type="checkbox"/> Not Applicable
Zip 34449	Country US	Zip 34449	Country US

04282005 Chg-NP CR2E037 (10/03)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, JAMES R.
42 DAISY ST
BOX 331
INGLIS, FL 34449

7. Name and Address of New Registered Agent

Name
Jeff D. Adams

Street Address (P.O. Box Number is Not Acceptable)
42 Daisy St., P.O. Box 1110

City
Inglis

FL Zip Code
34449

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 *Jeff D Adams V.D.* **Jeff D. Adams V.D.** **April 28, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JAMES R. DAISY STREET, POB 331 INGLIS, FL 34449 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONTRAGER, CONNIE M 58 DAISY STREET P.O. BOX 1110 INGLIS, FL 34449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, GLORIA J. DAISY STREET, POB 331 INGLIS, FL 34449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, JOHN C 149 SAPP STREET INGLIS, FL 34449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPANGLER, DONALD C 9130 E BELLA VISTA CT FLORAL CITY, FL 34436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, FRANCIS J 108 DAISY ST INGLIS, FL 34449 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. Adams, Jeff D. 42 Daisy St., P.O. Box 331 Inglis, FL. 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Adams, Gloria J. 42 Daisy St., P.O. Box 331 Inglis, FL. 34449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. Adams, Angela M. 42 Daisy St., P.O. Box 331 Inglis, FL. 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spangler, Donald C. 9130 ^E Bella Vista Ct. Floral City, FL. 34436 <input checked="" type="checkbox"/> Change <input 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 *Jeff D Adams V.D.* **Jeff D. Adams, V.D.** **April 28, 2005 (352) 447-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 2731