


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02558</b> 1. Entity Name JESUS IS I MINISTRIES, INC.	
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Principal Place of Business C/O JEFF D ADAMS 42 DAISEY ST P O BOX 1110 INGLIS, FL 34449 US	Mailing Address C/O JEFF D ADAMS 42 DAISEY ST P O BOX 1110 INGLIS, FL 34449 US
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**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2412090	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ADAMS, JEFF D 42 DAISY ST P O BOX 1110 INGLIS, FL 34449
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, JEFF D 42 DAISEY ST P O BOX 331 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, GLORIA J 42 DAISEY ST P O BOX 331 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D ADAMS, ANGELA M 42 DAISEY ST P O BOX 331 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONTRAGER, CONNIE 58 DAISY STREET, P.O. BOX 1110 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, JOHN C 149 SAPP STREET INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, FRANCIS J 108 DAISY ST INGLIS, FL 34449

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07/06/06-80004-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Angela M. Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/3/06</u> <small>Date</small>	Daytime Phone #: <u>(352) 442-2731</u> <small>Daytime Phone #</small>
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