



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 043 ****70.00

DOCUMENT # N02558 1. Entity Name JESUS IS ! MINISTRIES, INC.					
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		
2. Principal Place of Business - No P.O. Box #		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, JEFF D 42 DAISEY ST P O BOX 1110 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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, JEFF D 42 DAISEY ST P O BOX 331 INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judith A. Gallagher 42 Daisy St. P.O. Box 1110 Inglis, FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, GLORIA J 42 DAISEY ST P O BOX 331 INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon D. Adams 149 Sapp St. Inglis, FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, ANGELA M 42 DAISEY ST P O BOX 331 FLORAL CITY, FL 34436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald C. Spangler 9130 Bella Vista Ct. Floral City, FL 34436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Resigned
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONTRAGER, CONNIE 58 DAISY STREET, P.O. BOX 1110 INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, FRANCIS J 108 DAISY ST INGLIS, FL 34449	<input checked="" type="checkbox"/> Delete Deceased	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 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: 			02/19/07		352-220-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #