

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02558

FILED
Jan 05, 2009
Secretary of State

Entity Name: JESUS IS ! MINISTRIES, INC.

Current Principal Place of Business:

C/O JEFF D ADAMS
42 DAISY ST
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

C/O JEFF D ADAMS
P O BOX 1110
INGLIS, FL 34449 US

New Mailing Address:

FEI Number: 59-2412090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAMS, JEFF D
42 DAISY ST
INGLIS, FL 34449 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ADAMS, JEFF D
Address: 42 DAISY ST
City-St-Zip: INGLIS, FL 34449 US

Title: PD () Delete
Name: ADAMS, GLORIA J
Address: 42 DAISY ST
City-St-Zip: INGLIS, FL 34449 US

Title: T D () Delete
Name: ADAMS, ANGELA M
Address: 42 DAISY ST
City-St-Zip: FLORAL CITY, FL 34436 US

Title: SD () Delete
Name: BONTRAGER, CONNIE
Address: 58 DAISY STREET
City-St-Zip: INGLIS, FL 34449 US

Title: VP () Delete
Name: ADAMS, JOHN C
Address: 149 SAPP STREET
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: GALLAGHER, JUDITH
Address: 42 DAISY ST
City-St-Zip: INGLIS, FL 34449 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEFF D. ADAMS

VD

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date