

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000747

FILED
Apr 28, 2007
Secretary of State

Entity Name: HORACE JONES SR. MINISTRIES, INC.

Current Principal Place of Business:

6418 WAGNER ROAD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

6418 WAGNER ROAD
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 48-1292617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, HORACE SR.
6418 WAGNER ROAD
PENSACOLA, FL 32505 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: PD () Delete
Name: JONES, HORACE SR.
Address: 6418 WAGNER ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: SD () Delete
Name: JONES, HORACE L JR.
Address: 6418 WAGNER ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: TD () Delete
Name: JONES, PEARLINE
Address: 6418 WAGNER ROAD
City-St-Zip: PENSACOLA, FL 32505

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:

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: HORACE JONES JR

SD

04/28/2007

Electronic Signature of Signing Officer or Director

Date