

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001027

FILED
Aug 12, 2004
Secretary of State**Entity Name:** CLEMON JONES MINISTRIES, INC.**Current Principal Place of Business:**251 N.E. 187TH ST., #871
NORTH MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**251 N.E. 187TH ST., #871
NORTH MIAMI, FL 33179**New Mailing Address:****FEI Number:** 02-0674544**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, CLEMON
251 N.E. 187TH ST., #871
NORTH MIAMI, FL 33179 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:** D () Delete
Name: THOMPSON, LEROY JR.
Address: 4125 N.W. 185TH ST.
City-St-Zip: MIAMI, FL 33145**Title:** D () Delete
Name: THOMPSON, SHAAKIERA
Address: 4125 N.W. 185TH ST.
City-St-Zip: MIAMI, FL 33145**Title:** D () Delete
Name: JONES, CLEMON III
Address: 251 NE 187TH ST., #821
City-St-Zip: MIAMI, FL 33145**Title:** D () Delete
Name: ROACH, SHARLYN
Address: 19610 NE 1ST PLACE
City-St-Zip: MIAMI, FL 33178**Title:** D () Delete
Name: JOHNSON, LARRY
Address: 13071 PARKSIDE TERRACE
City-St-Zip: COOPER CITY, FL**Title:** () Delete
Name:
Address:
City-St-Zip:**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
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PRES () Change (X) Addition
Name: JONES, CLEMON JR.
Address: P.O> BOX695334
City-St-Zip: MIAMI, FL 30269 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLEMON JONES, JR.

PRES

08/12/2004

Electronic Signature of Signing Officer or Director

Date