


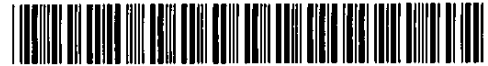
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004985	
1. Entity Name U AND I MINISTRIES, INC.	

Principal Place of Business 911 E HAYES ST PENSACOLA, FL 32503	Mailing Address 911 E HAYES ST PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-0080958	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, IRA L
911 E HAYES ST
PENSACOLA, FL 32503

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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 _____ (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	U00000719875 05/01/07-80083-004 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, IRA L 911 E HAYES ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, DEBRA 6063 SONGBIRD DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, BENITA 2100 ELAINE CIRCLE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ULYSSEE 911 E HAYES ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ira L. Jones 4-17-07 850 432-9351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #