


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-30-2004 90317 026 ****61.25

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1. Entity Name
JACKIE PORTER MINISTRIES, INC.



Principal Place of Business
 3304 BAHAMA DR
 TALLAHASSEE, FL 32305

Mailing Address
 3304 BAHAMA DR
 TALLAHASSEE, FL 32305

66427599



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country

Zip Country

4. FEI Number
54-219431

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, JACQUELYN C
3304 BAHAMA DR
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$81.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JACQUELYN C	NAME	
STREET ADDRESS	3304 BAHAMA DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Dawson	NAME	Secretary ROSE Dawson
STREET ADDRESS	502 Circle Dr.	STREET ADDRESS	502 Circle Dr.
CITY-ST-ZIP	Quincy, FL 32351	CITY-ST-ZIP	Quincy, FL 32351
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jacquelyn C. Porter Jacquelyn C. Porter 4/28/04 671-2583
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #