



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90314 032 \*\*\*\*70.00

<b>DOCUMENT # N03000006978</b> 1. Entity Name <b>JOHNNIE GRIFFITH MINISTRIES ORGANIZATION INCORPORATED</b>					
Principal Place of Business <b>3162 JAMES KENNEDY RD CRESTVIEW FL 32539</b>				Mailing Address <b>3162 JAMES KENNEDY RD CRESTVIEW FL 32539</b>	
2. Principal Place of Business <b>3162 JAMES KENNEDY RD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3162 JAMES KENNEDY RD.</b> Suite, Apt. #, etc.			
City & State <b>CRESTVIEW, FLA.</b>		City & State <b>CRESTVIEW FLA</b>		4. FEI Number <b>86-1076753</b>	
Zip <b>32539</b>		Country <b>OKALOOSA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIFFITH, JOHNNIE E 3162 JAMES KENNEDY RD CRESTVIEW FL 32539</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>   Zip Code</div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u><i>Johnnie E. Griffith</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>4-27-04</u>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFITH, JOHNNIE E	NAME			
STREET ADDRESS	3162 JAMES KENNEDY RD	STREET ADDRESS			
CITY - ST - ZIP	CRESTVIEW FL 32539	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D/V P <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFITH, JONATHAN E	NAME			
STREET ADDRESS	3162 JAMES KENNEDY RD	STREET ADDRESS			
CITY - ST - ZIP	CRESTVIEW FL 32539	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	M/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWELL, DOROTHY	NAME			
STREET ADDRESS	410 WINGARD ST	STREET ADDRESS			
CITY - ST - ZIP	CRESTVIEW FL 32539	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFITH, WYNNETTE J	NAME			
STREET ADDRESS	3162 JAMES KENNEDY RD	STREET ADDRESS			
CITY - ST - ZIP	CRESTVIEW FL 32539	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: <u><i>Johnnie E. Griffith</i></u> <u>JOHNNIE E. GRIFFITH</u>				850-689-0359	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	