


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006978	
1. Entity Name JOHNNIE GRIFFITH MINISTRIES ORGANIZATION INCORPORATED	

Principal Place of Business 3162 JAMES KENNEDY RD CRESTVIEW, FL 32539	Mailing Address 3162 JAMES KENNEDY RD CRESTVIEW, FL 32539
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04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 86-1076753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFITH, JOHNNIE E 3162 JAMES KENNEDY RD CRESTVIEW, FL 32539

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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000359593 05/04/05-80164-008 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFITH, JOHNNIE E 3162 JAMES KENNEDY RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRIFFITH, JONATHAN E 3162 JAMES KENNEDY RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOWELL, DOROTHY 410 WINGARD ST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIFFITH, WYNNETTE J 3162 JAMES KENNEDY RD CRESTVIEW, FL 32539
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 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: *Johnnie E. Griffith* **JOHNNIE E. GRIFFITH** **4-25-05** **850-428-7628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #