


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90099 035 ****62.25

DOCUMENT # N03000007017 1. Entity Name P.O.J.C. MINISTRIES, INCORPORATED					
Principal Place of Business 4851 W. GANDY BLVD. LOT B 51 TAMPA, FL 33611 US			Mailing Address 4851 W. GANDY BLVD. LOT B 51 TAMPA, FL 33611 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1706011	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATERS, RONALD J 4851 W. GANDY BLVD. LOT B 51 TAMPA, FL 33611			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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.					
SIGNATURE <i>NA Ronald J Waters</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 02-03-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, RONALD J			NAME	
STREET ADDRESS	4851 W. GANDY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, DONNA F			NAME	
STREET ADDRESS	4851 W. GANDY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MARGUERITE J			NAME	
STREET ADDRESS	3320 CHEROKKE AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGER, GARY REV			NAME	
STREET ADDRESS	6401 S WESTSHORE BLVD, # 1416			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33616			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, TOM			NAME	
STREET ADDRESS	2216 BOXWOOD WAY			STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511			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 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: <i>Donna F. Waters</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				02-03-07 <small>Date</small>	
				813-298-6371 <small>Daytime Phone #</small>	

600110



01302007 Chg-NP CR2E037 (12/06)