

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 26, 2009
Secretary of State**

DOCUMENT# N03000007017

Entity Name: P.O.J.C. MINISTRIES, INCORPORATED

Current Principal Place of Business:

4851 W. GANDY BLVD.
LOT B 51
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4851 W. GANDY BLVD.
LOT B 51
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 06-1706011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, RONALD J
4851 W. GANDY BLVD.
LOT B 51
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATERS, RONALD J
Address: 4851 W. GANDY BLVD.
City-St-Zip: TAMPA, FL 33611

Title: V () Delete
Name: WATERS, DONNA F
Address: 4851 W. GANDY BLVD.
City-St-Zip: TAMPA, FL 33611

Title: SD () Delete
Name: HAYES, MARGUERITE J
Address: 3320 CHEROKKE AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SEGER, GARY REV
Address: 6401 S WESTSHORE BLVD, # 1416
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: BUSH, TOM
Address: 2216 BOXWOOD WAY
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAYES, MARGUERITE J
Address: 6907 MARBLE FAWN PLACE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: D (X) Change () Addition
Name: SEGER, GARY REV
Address: PO BOX 13854
City-St-Zip: TAMPA, FL 33681 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA WATERS

V

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date