

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

FILED
May 24, 2004 8:00 am
Secretary of State

DOCUMENT # N03000008596

Entity Name

JESSE JONES MINISTRIES, INC.



05-24-2004 90011 015 ****70.00

Principal Place of Business
P.O. BOX 311413
TAMPA FL 33680

Mailing Address
P.O. BOX 311413
TAMPA FL 33680

14022313



MOORE CR2E037 (11/03)

Principal Place of Business
P.O. Box 6543
Suite, Apt. #, etc.

Mailing Address
PO Box 6543
Suite, Apt. #, etc.

City & State
Brandon, FL
Zip
33508
Country
USA

City & State
Brandon, FL
Zip
33508
Country
USA

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, JESSE
5007 CAMPTON CT
BRANDON FL 33647

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Jesse Jones DATE 5/1/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

8. 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. JONES, JESSE		NAME	Jones, Jesse	
STREET ADDRESS	P.O. BOX 311413		STREET ADDRESS	PO Box 6543	
CITY-STATE-ZIP	TAMPA FL 33680		CITY-STATE-ZIP	Brandon, FL 33508	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TRACI		NAME	Jones, Traci	
STREET ADDRESS	P.O. BOX 311413		STREET ADDRESS	PO Box 6543	
CITY-STATE-ZIP	TAMPA FL 33680		CITY-STATE-ZIP	Brandon, FL 33508	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, DAVID		NAME	Newell, David	
STREET ADDRESS	P.O. BOX 311413		STREET ADDRESS	PO Box 6411	
CITY-STATE-ZIP	TAMPA FL 33680		CITY-STATE-ZIP	Brandon, FL 33508	
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENTE, ANTONIO		NAME		
STREET ADDRESS	P.O. BOX 311413		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA FL 33680		CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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

Jesse Jones