

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008596

1. Entity Name
JESSE JONES MINISTRIES, INC.



Principal Place of Business
5634 TANAGERGROVE WAY
LITHIA, FL 33547 US

Mailing Address
P O BOX 47505 47915
TAMPA, FL 33647 US

FILED

07 SEP 20 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0674046

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, JESSE
5634 TANAGERGROVE WAY
LITHIA, FL 33547

DO NOT WRITE
IN THIS SPACE

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 Traci Jones

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

(NOTE: Registered Agent signature required when reissuing)

9/6/07

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200109607462
09/20/07--01001--013 **70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JESSE 5634 TANAGERGROVE WAY LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, TRACI PO BOX 47505 47 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWELL, DAVID PO BOX 8411 BRANDON, FL 33508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Traci Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/07

Date

Daytime Phone #