
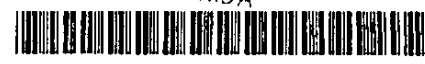


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2005-90066-020-\$61.25-\$61.25

<b>DOCUMENT # N04000000526</b> 1. Entity Name <b>JAMES H. MILLER, SR. MINISTRIES, INC.</b>						<p style="text-align: center;">FILED</p> <p style="text-align: center;">05 DEC 15 PM 11:35</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>  <p style="text-align: center;">2nd MOORE      CR2E037 (5/05)</p>	
Principal Place of Business 1977 DUNLAP ST. PENSACOLA FL 32507				Mailing Address 1977 DUNLAP ST. PENSACOLA FL 32507			
2. Principal Place of Business <del>1977 Dunlap St</del>				3. Mailing Address <del>1977 Dunlap St</del>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <del>Pensacola FL</del>				City & State <del>Pensacola FL</del>			
Zip <del>32507</del>		Country <del>USA</del>		Zip <del>32507</del>		Country <del>USA</del>	
4. FEI Number <b>FIN 65-1214307</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>KNIGHT, DAVID A</b> <b>17 NORTH MERRITT ST.</b> <b>PENSACOLA FL 32507</b> <i>VOID THIS PERSON</i>				7. Name and Address of New Registered Agent <b>ALBERT JACKSON JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1965 Dunlap Street</b> City <b>PENSACOLA</b> FL Zip Code <b>32507</b>			
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>Albert Jackson Jr</i> <span style="float: right;">8-28-05</span> <small>Signature, typed or printed name of registered agent, etc. (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President <input type="checkbox"/> Delete <b>ROBERT LEE YOUNG JR</b> <b>1105 BURNHILL CIRCLE</b> <b>PENSACOLA FL 32526</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000062329610</b> <b>12/21/05--01037--014 **183.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albert JACKSON JR <input type="checkbox"/> Delete President <b>1965 Dunlap St</b> <b>PENSACOLA, FL 32507</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input type="checkbox"/> Delete <b>James H Miller Sr.</b> <b>1977 Dunlap St</b> <b>PENSACOLA FL 32507</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President <input type="checkbox"/> Delete <b>OTIS MILLER</b> <b>13860 MILLER PARKWAY</b> <b>SUMMERDALE AL 36580</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>James H Miller Sr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-01-05      850 458-1933 <small>Date Daytime Phone #</small>			