

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000944

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** JAMES RAIFORD MINISTRIES, INC.

**Current Principal Place of Business:**

2510 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

2510 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 20-0699957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, SUSANNA  
2510 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043 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: DR.  
Name: RAIFORD, JAMES B P  
Address: 2510 RUSSELL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MRS.  
Name: RAIFORD, DELORES A V  
Address: 2510 RUSSELL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MS.  
Name: STEPHENS, SUSANNA L T  
Address: 2510 RUSSELL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MR.  
Name: STEPHENS, LUKE R D  
Address: 2510 RUSSELL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MR.  
Name: ENOCHS, WESLEY W D  
Address: 2401 SKYVIEW DRIVE  
City-St-Zip: RICHARDSON, TX 75080 US

I hereby 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 all other like empowered.

SIGNATURE: SUSANNA STEPHENS

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01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date