


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

<b>DOCUMENT # N04000002056</b> 1. Entity Name <b>THE JUBILEE OF FAITH MINISTRIES, INC.</b>			
Principal Place of Business <b>506 MADISON AVE DAYTONA BEACH FL 32114</b>		Mailing Address <b>506 MADISON AVE DAYTONA BEACH FL 32114</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 APR 11 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

4. FEI Number <b>77-0425302</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSON, NAOMI M 506 MADISON AVE DAYTONA BEACH FL 32114</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE	D JOHNSON, NAOMI M 506 MADISON AVE DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	TITLE	100054001051 05/06/05--01038--012 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WHITTY, EARL D 233 SE MARION WAY HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D WHITTY JR., HEZIKIAH 1324 CONTINENTAL DR DAYTONA BCH FL 32117	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	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:** *Naomi M. John* 4/11/05 386-226-0005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #