

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000002056
 1. Entity Name
THE JUBILEE OF FAITH MINISTRIES, INC.



Principal Place of Business 506 MADISON AVE DAYTONA BEACH, FL 32114	Mailing Address 506 MADISON AVE DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 77-0625302	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 JOHNSON, NAOMI M
 506 MADISON AVE
 DAYTONA BEACH, FL 32114

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000938026
 05/27/08-80075-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, NAOMI M
STREET ADDRESS	506 MADISON AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	WHITTY, EARL D
STREET ADDRESS	233 SE MARION WAY
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	D
NAME	WHITTY JR., HEZIKIAH
STREET ADDRESS	1324 CONTINENTAL DR
CITY-ST-ZIP	DAYTONA BCH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Naomi M. Johnson 4/27/08 386-871-8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # cell