

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002056

FILED  
May 01, 2009  
Secretary of State

Entity Name: THE JUBILEE OF FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

506 MADISON AVE  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

506 MADISON AVE  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: 77-0625302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JOHNSON, NAOMI M  
506 MADISON AVE  
DAYTONA BEACH, FL 32114      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: D      ( ) Delete  
Name: JOHNSON, NAOMI M  
Address: 506 MADISON AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D      ( ) Delete  
Name: WHITTY, EARL D  
Address: 233 SE MARION WAY  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D      ( ) Delete  
Name: WHITTY JR., HEZIKIAH  
Address: 1324 CONTINENTAL DR  
City-St-Zip: DAYTONA BCH, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NAOMI M. JOHNSON

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

EVAN

05/01/2009

\_\_\_\_\_  
Date