


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002570		
1. Entity Name JIM RITCH EVANGELISTIC ASSOCIATION INC.		
Principal Place of Business 4755 FRENCH STREET JACKSONVILLE, FL 32205	Mailing Address 4755 FRENCH STREET JACKSONVILLE, FL 32205	



02052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1222836	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

RITCH, JAMES E
 4755 FRENCH STREET
 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

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: James E. Ritch James E. Ritch (Remains the Same) 3/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RITCH, JAMES E
STREET ADDRESS	4755 FRENCH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	T
NAME	RITCH, MICHAEL R
STREET ADDRESS	9464 HARRIER CT
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	COX, DEWITT
STREET ADDRESS	1646 SPRINGBRANCH DR. W
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	RITCH, TERRY W
STREET ADDRESS	4755 FRENCH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000679099
 04/03/07-80025-005 61.25

DO NOT WRITE IN THIS SPACE

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 another like empowered.

SIGNATURE: James E. Ritch James E. Ritch 3/21/07 904/387-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #