



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000002570</b>	
1. Entity Name <b>JIM RITCH EVANGELISTIC ASSOCIATION INC.</b>	

Principal Place of Business <b>4755 FRENCH STREET JACKSONVILLE, FL 32205</b>	Mailing Address <b>4755 FRENCH STREET JACKSONVILLE, FL 32205</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1222836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

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

U00000842589  
03/11/08-80037-004 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 all other like empowered.

**SIGNATURE:** *James E. Ritch James E Ritch* **26 Feb 2008 (904)387-1365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #