2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N05000000929

Entity Name: DR. DAVID JONES MINISTRIES, INC

Current Principal Place of Business:

6124 WEATHERWOOD CR.
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

6124 WEATHERWOOD CR.
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-1957088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DAVID A
6124 WEATHERWOOD CR
WESLEY CHAPEL, FL 33544 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:	P	( ) Delete
Name:	JONES, DAVID A	
Address:	6124 WEATHERWOOD CR	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	VP	( ) Delete
Name:	JONES, BEVELYN	
Address:	6124 WEATHERWOOLD CR	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	D	( ) Delete
Name:	BUNTING, ED T	
Address:	706 SUNBRIGHT DR	
City-St-Zip:	SEFFNER, FL 33584	
Title:	D	( ) Delete
Name:	MCAFEE, SHIRLEY A	
Address:	812 FRANKFORD DR.	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	JONES, DAVID P	
Address:	1205 LINEBAUGH ST	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	(X) Delete
Name:	GRAHAM, LAKESIA	
Address:	16610 SOUTH FINCH	
City-St-Zip:	HARVEY, IL 60426	

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:	
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: ED T BUNTING D 04/15/2008

Electronic Signature of Signing Officer or Director — Date