

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001998

Entity Name: M JAMES MINISTRIES, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

49 W. 16TH STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

49 W. 16TH STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

49 W. 16TH STREET
JACKSONVILLE, FL 32204

New Mailing Address:

49 W. 16TH STREET
JACKSONVILLE, FL 32206

FEI Number: 59-3794169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISHOP MICHAEL JAMES, SR.
49 W. 16TH STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

BISHOP MICHAEL JAMES, SR.
49 W. 16TH STREET
JACKSONVILLE, FL 32206 US

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:

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAMES, MICHAEL SR.
Address: 306 FAWN RIDGE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: JAMES, DEBORA A
Address: 306 FAWN RIDGE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: OLIVER, DARIAN
Address: 8466 PERKINS PLACE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES, MICHAEL SR.
Address: 306 FAWN RIDGE LANE
City-St-Zip: ORANGE PARK, FL 32073

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 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: MICHAEL JAMES SR.

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date