

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001998

FILED  
Sep 03, 2008  
Secretary of State

Entity Name: M JAMES MINISTRIES, INC.

## Current Principal Place of Business:

49 W. 16TH STREET  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

## Current Mailing Address:

49 W. 16TH STREET  
JACKSONVILLE, FL 32206

## New Mailing Address:

FEI Number: 59-3794169      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:

## 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) 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:      ( ) 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: MICHAEL JAMES SR.

P

09/03/2008

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

\_\_\_\_\_  
Date