

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002828

FILED  
Feb 26, 2012  
Secretary of State

Entity Name: WILKES MINISTRIES, INC.

**Current Principal Place of Business:**

8787 SE BAHAMA CIRCLE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2270  
HOBE SOUND, FL 33475

**New Mailing Address:**

FEI Number: 28-2592568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILKES, JERRY W DR.  
8787 SE BAHAMA CIRCLE  
HOBE SOUND, FL 33455 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  
Name: WILKES, JERRY W DR.  
Address: 8787 SE BAHAMA CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

Title: V  
Name: WILKES, MICHELLE L EXEC-V  
Address: 8787 SE BAHAMA CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

Title: V  
Name: WILKES, DANIEL L  
Address: 8787 SE BAHAMA CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

Title: V  
Name: WILKES, JOHN D  
Address: 8787 SE BAHAMA CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D  
Name: STUCKEY, NEELY T  
Address: 968 NW 13TH ST.  
City-St-Zip: STUART, FL 34994 US

I hereby 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 all other like empowered.

SIGNATURE: DR. JERRY W. WILKES

PRES

02/26/2012

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

\_\_\_\_\_  
Date