

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

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1. Entity Name
THE MINISTRIES OF JERICO, INC.



Principal Place of Business
7309 BRIDGEVIEW CIRCLE #207
TAMPA, FL 33634

Mailing Address
7309 BRIDGEVIEW CIRCLE #207
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

03062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3799668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, VERMELL PASTOR
7309 BRIDGEVIEW CIRCLE #207
TAMPA, FL 33634

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GRAHAM, VERMELL PASTOR
STREET ADDRESS 7309 BRIDGEVIEW CIRCLE #207
CITY-ST-ZIP TAMPA, FL 33634

TITLE V
NAME GOODWIN, PEARL
STREET ADDRESS 7309 BRIDGEVIEW CIRCLE #207
CITY-ST-ZIP TAMPA, FL 33634

TITLE S
NAME THOMAS, MELISSA A
STREET ADDRESS 7309 BRIDGEVIEW CIRCLE #207
CITY-ST-ZIP TAMPA, FL 33634

TITLE T
NAME SCOTT, SHARON
STREET ADDRESS 7309 BRIDGEVIEW CIRCLE #207
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
change of address

TITLE
NAME
STREET ADDRESS 4119 Poplar Avenue, #102
CITY-ST-ZIP Tampa, Fl 33603

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-07 (813) 231-8427

Date

Daytime Phone #