

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005523

FILED
Mar 30, 2009
Secretary of State

Entity Name: TOM JONES MINISTRY, INC.

Current Principal Place of Business:

1807 FOX BAY DR
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

1807 FOX BAY DR
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 20-2934768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J PATRICK
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE, FL 32901 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: DPST () Delete
Name: JONES, TOM
Address: 1807 FOX BAY DR
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: JONES, MARY
Address: 1807 FOX BAY DR
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: HOVARTH, CYNTHIA
Address: 1807 FOX BAY DR
City-St-Zip: MELBOURNE, FL 32934

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: THOMAS J. JONES

OFFO

03/30/2009

Electronic Signature of Signing Officer or Director

Date