

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005576

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** JIM WILLIAMS MINISTRIES, INC.

**Current Principal Place of Business:**

1551 SW 189 TERRACE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1551 SW 189 TERRACE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

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

WILLIAMS, JIMMIE L  
1551 SW 189 TERRACE  
PEMBROKE PINES, FL 33029 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: PCEO  
Name: WILLIAMS, JIMMIE L  
Address: 1551 SW 189 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VT  
Name: WILLIAMS, IRIS E  
Address: 1551 SW 189 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S  
Name: WILLIAMS, JASMINE L  
Address: 1551 SW 189 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

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:** JIMMIE L. WILLIAMS

PCEO

02/18/2010

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

\_\_\_\_\_  
Date