

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009087

FILED
Jun 15, 2009
Secretary of State

Entity Name: JOE MOORE MINISTRIES INC.

Current Principal Place of Business:

10503 MCGIRTS CREEK DR
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10503 MCGIRTS CREEK DR
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-3492031 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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: D () Delete
Name: MOORE, DENIECE C
Address: 10503 MCGIRTS CREEK DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: ASPINWALL, ROBERT
Address: 8430 COMMONWEALTH AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: WILLIFORD, WAYNE
Address: 9410 COXWELL LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: P () Delete
Name: MOORE, JOE
Address: 10503 MCGIRTS CREEK DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: STEWART, BONNIE
Address: 10503 MCGIRTS CREEK DR
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:

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: DENIECE C MOORE

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date