2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012623

Address:

City-St-Zip:

1714 BLOSSOM CIRCLE WEST

LAKELAND, FL 33805

FILED Apr 12, 2007 Secretary of State

Entity Nan	ne: JAMIE O\	ERSTREET MINISTRIES INC).			
Current Principal Place of Business:				New Principal Place of Business:		
3211 EMANUEL DRIVE LAKE WALES, FL 33898				1211 GOLCONDA ROAD LAKELAND, FL 33801		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 407 LAKE WALES, FL 338590407				1211 GOLCONDA ROAD LAKELAND, FL 33801		
FEI Number:	56-2503807	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
OVERSTREET, JAMIE S 3211 EMANUEL DRIVE LAKE WALES, FL 33898 US				OVERSTREET, JAMIE S 1211 GOLCONDA ROAD LAKELAND, FL 33801 US		
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of chang	ing its registe	red office or registered agent, or both,	
SIGNATURE:				04/12/2007		
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () OVERSTREET, 3211 EMANUEL LAKE WALES,	. DRIVE	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	SANDERS, SHA	A CIRCLE WEST	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () KING, RAYEAN 3211 EMANUEL LAKE WALES,	. DRIVE	Title: Name: Address City-St-	s: 1211 GO	(X) Change()Addition YEANNE S LCONDA ID, FL 33801 US	
Title: Name:	M () SANDERS, HEF	Delete RMAN L	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JAMIE S. OVERSTREET CEO 04/12/2007