


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 015 ****61.25

DOCUMENT # N06000002985	
1. Entity Name RANDY JOHNSON MINISTRIES, INC.	

Principal Place of Business 1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837	Mailing Address 1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837
--	--

40106686



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOHNSON, RANDY DR. 1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837
--

DO NOT WRITE 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 <u>Dr. Randy Johnson</u> DATE <u>5/1/08</u>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, RANDY DR. 1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. RANDY JOHNSON 1712 Peregrine Falcons WAY # Apt. 104 ORLANDO, FLA. 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: <u>Dr. Randy Johnson</u> DATE <u>5/1/08</u> 407-812-6593