

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005368

FILED
Jan 07, 2009
Secretary of State

Entity Name: JOSHUA AND MARIANA MINISTRIES, INC.

Current Principal Place of Business:

104 MULBERRY ST
LAKE WALES, FL 33853

New Principal Place of Business:

907 STATE ROAD 542
DUNDEE, FL 33838 US

Current Mailing Address:

60 ATLANTIC AVE.
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 86-1171028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTO, HELMUT
60 ATLANTIC AVE
BABSON PK, FL 33827 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: VPTS () Delete
Name: OTTO, BARBARA S
Address: 60 ATLANTIC AVE.
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: OTTO, BARBARA S
Address: 60 ATLANTIC AVE.
City-St-Zip: BABSO PARK, FL 33827

Title: DC () Delete
Name: OTTO, HELMUT
Address: 60 ATLANTIC AVE.
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: ROTTON, MIKKI A
Address: PO BOX 796
City-St-Zip: WAVERLY, FL 33877

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: D (X) Change () Addition
Name: ROTTON, MIKKI A
Address: 605 SOUTH 3RD STREET # 45
City-St-Zip: LAKE WALES, FL 33853 US

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: BARBARA S. OTTO

VPTS

01/07/2009

Electronic Signature of Signing Officer or Director

Date