

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008720

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** JACK AND MARY NIEDERMAYER MINISTRIES, INC.

**Current Principal Place of Business:**

22281 S.W. PINE BLUFF ROAD  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4296  
CLEVELAND, TN 37320 US

**New Mailing Address:**

3523 DOUGLAS DAM RD  
KODAK, TN 37764 US

**FEI Number:** 20-5393111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIEDERMAYER, JACK E  
22281 S.W. PINE BLUFF ROAD  
DUNNELLON, FL 34431 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: P  
Name: NIEDERMAYER, JACK A  
Address: 3523 DOUGLAS DAM RD  
City-St-Zip: KODAK, TN 37764 US

Title: VP/T  
Name: NIEDERMAYER, ROBIN M  
Address: 3523 DOUGLAS DAM RD  
City-St-Zip: KODAK, TN 37764 US

Title: S  
Name: LICHT, JOSEPH  
Address: 7922 NORTH TRIANA DR  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: D  
Name: KEITH, CHANCEY  
Address: 2514 OVERBROOK CIRC NW  
City-St-Zip: CLEVELAND, TN 37312 US

Title: D  
Name: PHILLIP, OGLE  
Address: 747 RIDGE RD  
City-St-Zip: GATTLINBURG, TN 37738 US

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:** JACK NIEDERMAYER

P

04/27/2011

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

\_\_\_\_\_  
Date