


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N06000011066	
1. Entity Name JOHN WILCOX MINISTRIES, INC.	

Principal Place of Business 1904 SW 6TH AVENUE OKEECHOBEE, FL 34974	Mailing Address 1904 SW 6TH AVENUE OKEECHOBEE, FL 34974
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04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5799252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILCOX, JOHN 1904 SW 6TH AVENUE OKEECHOBEE, FL 34974

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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 _____ (NOTE: Registered Agent signature required when reinstating)

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	04/16/08-80013-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME WILCOX, JOHN
STREET ADDRESS 1904 SW 6TH AVENUE	CITY-ST-ZIP OKEECHOBEE, FL 34974
TITLE VD	NAME WILCOX, JUDY
STREET ADDRESS 1904 SW 6TH AVENUE	CITY-ST-ZIP OKEECHOBEE, FL 34974
TITLE SD	NAME SNEDDON, SHARON
STREET ADDRESS 1908 SW 6TH AVENUE	CITY-ST-ZIP OKEECHOBEE, FL 34974
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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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: *John Wilcox* **4-2-08** **883-634-6706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #