

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011066

FILED
Apr 02, 2009
Secretary of State

Entity Name: JOHN WILCOX MINISTRIES, INC.

Current Principal Place of Business:

1904 SW 6TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

1904 SW 6TH AVENUE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 20-5799252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, JOHN
1904 SW 6TH AVENUE
OKEECHOBEE, FL 34974 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: PD () Delete
Name: WILCOX, JOHN
Address: 1904 SW 6TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD () Delete
Name: WILCOX, JUDY
Address: 1904 SW 6TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD () Delete
Name: SNEDDON, SHARON
Address: 1908 SW 6TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

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:

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: JOHN WILCOX

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date