

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011581

FILED
Jan 16, 2009
Secretary of State

Entity Name: JOSHUA MINISTRIES OF MARION COUNTY, INC.

Current Principal Place of Business:

926 NW 27TH AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 5578
OCALA, FL 34478

New Mailing Address:

FEI Number: 22-3946606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIMMO, ROBERT B CEO
926 NW 27TH AVENUE
OCALA, FL 34475 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 () Delete
Name: LETCHWORTH, ELIZABETH
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: V () Delete
Name: DOERR, FRED
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: MCCULLOUGH, WARREN
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: T () Delete
Name: CRETUL, BRIAN
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: RUTTENBER, JEFF
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: D (X) Delete
Name: LOSSING, DAVID
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: LETCHWORTH, ELIZABETH
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: V (X) Change () Addition
Name: CRETUL, BRIAN
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: S (X) Change () Addition
Name: GALLMON, JOY REV.
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: T (X) Change () Addition
Name: SMITH, LENA
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: D (X) Change () Addition
Name: WILLIAMS, MARY
Address: 926 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

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: ELIZABETH LETCHWORTH

C

01/16/2009

Electronic Signature of Signing Officer or Director

Date