


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012355 1. Entity Name J.E.P. MINISTRIES, INC.	
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Principal Place of Business 441 E. 12TH ST. HIALEAH, FL 33010	Mailing Address 441 E. 12TH ST. HIALEAH, FL 33010
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01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1533813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, JUAN E 738 E. 32ND ST. HIALEAH, FL 33013
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IN THIS SPACE**

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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, JUAN E 738 E. 32 ST HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, ANA V 738 E. 32 ST HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHINCHILLA, RONY 3581 SW 17 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/08-80004-023 61.25

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IN THIS SPACE**

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 an officer or like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 305884-4000
Date Daytime Phone #