2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N07000009367

Entity Name: J.O.L. MINISTRIES, INC.

Current Principal Place of Business:

11110 NW 6 AVENUE
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

11110 NW 6 AVENUE
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAURORE, JEAN O
11110 NW 6 AVENUE
MIAMI, FL 33168 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: DP ( ) Delete
Name: LAURORE, JEAN O
Address: 11110 NW 6 AVENUE
City-St-Zip: MIAMI, FL 333168 US

Title: DT ( ) Delete
Name: JEAN-BAPTISTE, YANICK
Address: 11110 NW 6 AVENUE
City-St-Zip: MIAMI, FL 33168 US

Title: DS ( ) Delete
Name: ADRASSE, FREDA
Address: 11110 NW 6 AVENUE
City-St-Zip: MIAMI, FL 33168 US

Title: D ( ) Delete
Name: JULES, CLAUDE
Address: 11110 NW 6 AVENUE
City-St-Zip: MIAMI, FL 33168 US

Title: D ( ) Delete
Name: JOSEPH, MICHELET
Address: 11110 NW 6 AVENUE
City-St-Zip: MIAMI, FL 33168 US

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:

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: JEAN O LAURORE DP 04/06/2009

Electronic Signature of Signing Officer or Director — Date