

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N07933

1. Entity Name

JOINT-HEIRS MINISTRIES, INC.



Principal Place of Business

2100 DUNN AVE
JACKSONVILLE FL 32218
US

Mailing Address

2100 DUNN AVE
JACKSONVILLE FL 32218
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-2667945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, DAVID M DR
3938 MUIRFIELD BLVD E
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DAVID, THOMAS
STREET ADDRESS 11530 LAGUNA COURT
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ Delete
NAME THOMAS, DAVID R
STREET ADDRESS 2100 DUNN AVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TD ☐ Delete
NAME COLBERT, DAMIKA T
STREET ADDRESS 870 ASHTON COVE TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TD ☐ Delete
NAME JOHNSON, RICHARD
STREET ADDRESS 2641 EAGLE BAY DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME THOMAS, DAVID
STREET ADDRESS 11530 LAGUNA COURT
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ Delete
NAME HAMMETT, HARVEY
STREET ADDRESS 2100 DUNN AVE
CITY-ST-ZIP JACKSONVILLE FL 32218

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 300107462193
STREET ADDRESS 08/07/07--01049--019 **183.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *David M. Thomas*

7/27/07 904-257-3226