

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07933

FILED
Aug 21, 2008
Secretary of State

Entity Name: JOINT-HEIRS MINISTRIES, INC.

Current Principal Place of Business:

2100 DUNN AVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

2100 DUNN AVE
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-2667945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: DAVID, THOMAS
Address: 11530 LAGUNA COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: THOMAS, DAVID R
Address: 2100 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TD () Delete
Name: COLBERT, DAMIKA T
Address: 870 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: JOHNSON, RICHARD
Address: 2641 EAGLE BAY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: THOMAS, DAVID
Address: 11530 LAGUNA COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: HAMMETT, HARVEY
Address: 2100 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVID, THOMAS
Address: 3938 MUIRFIELD BLVD. EAST
City-St-Zip: JACKSONVILLE, FL 32225

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: DAVID THOMAS

PD

08/21/2008

Electronic Signature of Signing Officer or Director

Date