2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001074

FILED Mar 13, 2009 Secretary of State

Entity Name: JEFFREY B. VALENTINE MINISTRY, INCORPORATION

	rincipal Place of Business:	New Principal Place of	Business.	
	DSTREAM COURT IVILLE, FL 32222			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	DSTREAM COURT VILLE, FL 32222			
FEI Number	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Age	nt: Name and Address of N	ew Registered Agent:	
5646 COL JACKSON The above	NE, JEFFREY B DSTREAM COURT IVILLE, FL 32222 US Inamed entity submits this statement for eof Florida.	r the purpose of changing its registered of	fice or registered agent, or both,	
SIGNATUI				
SIGNATO	Electronic Signature of Registere	ed Agent	 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name:	TP () Delete	Title: ()		
Address:	VALENTINE, JÉFFREY B 5646 COLDSTREAM COURT JACKSONVILLE, FL 32222	Name: Address: City-St-Zip:	Change () Addition	
Address: City-St-Zip: Title: Name: Address:	VALENTINE, JÉFFREY B 5646 COLDSTREAM COURT	Name: Address: City-St-Zip:	Change () Addition Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VALENTINE, JÉFFREY B 5646 COLDSTREAM COURT JACKSONVILLE, FL 32222 TVP () Delete BLACKWELL, SR., KARAN D 8252 FROST STREET SOUTH	Name: Address: City-St-Zip: Title: () Name: Address: City-St-Zip:	•	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip:	VALENTINE, JEFFREY B 5646 COLDSTREAM COURT JACKSONVILLE, FL 32222 TVP () Delete BLACKWELL, SR., KARAN D 8252 FROST STREET SOUTH JACKSONVILLE, FL 32221 TS () Delete GOODMAN, BRIGGETTE N 434 HORIZON DRIVE	Name: Address: City-St-Zip: Title: () Name: Address: City-St-Zip: Title: () Name: Address: City-St-Zip:	Change () Addition	

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: JEFFREY B VALENTINE TP 03/13/2009