

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002600

FILED  
May 20, 2010  
Secretary of State

**Entity Name:** JOHN THOMPSON MINISTRIES, INC.

**Current Principal Place of Business:**

2945 WOODRICH DRIVE  
APT C  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2945 WOODRICH DRIVE  
APT C  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 26-2178406      **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:**

THOMPSON, JOHN L  
2945 WOODRICH DRIVE  
APT C  
TALLAHASSEE, FL 32301 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:** P  
**Name:** THOMPSON, JOHN L  
**Address:** 2945 WOODRICH DRIVE. APT C.  
**City-St-Zip:** TALLAHASSEE,, FL 32301 US

**Title:** SEC  
**Name:** THOMPSON, RETHA  
**Address:** 2945 WOODRICH DRIVE, APT C  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**Title:** VP  
**Name:** THOMPSON, JOHN A  
**Address:** 2945 WOODRICH DR APT C  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN L. THOMPSON

P

05/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date