

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004044

FILED
Jan 16, 2009
Secretary of State

Entity Name: S.J.F MINISTRIES, INC.

Current Principal Place of Business:

600 SW 8TH STREET
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1096
C/O ST. JOHN 1ST MISSIONARY BAPTIST CHURCH
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 26-2993018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, STEVE
609 SW 12TH STREET
BELLE GLADE, FL 33430 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: CH () Delete
Name: WILSON, STEVE
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

Title: V CH () Delete
Name: THOMPSON, ANGELA
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D () Delete
Name: WILSON, HELEN
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

Title: T () Delete
Name: RUMPH, BEATRICE
Address: P.O. BOX
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D () Delete
Name: RUTLEDGE, HELEN
Address: P. O BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D () Delete
Name: REASE, ROBERT L REV
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 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:

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City-St-Zip:

Title: () Change () Addition
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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: ROBERT L. REASE

D

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date