## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000004044

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

FILED Mar 18, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

600 SW 8TH STREET

BELLE GLADE, FL 33430 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1096

C/O ST. JOHN 1ST MISSIONARY BAPTIST CHURC

BELLE GLADE, FL 33430

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, STEVE REASE, ROBERT L 609 SW 9TH STREET 609 SW 12TH STREET

BELLE GLADE, FL 33430 US US BELLE GLADE, FL 33430

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: ROBERT L. REASE 03/18/2011 Date

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

WILSON, STEVE Name: Address: P.O. BOX 1096

City-St-Zip: BELLE GLADE, FL 33430 US

Title: V CH

Name: THOMPSON, ANGELA Address: P.O. BOX 1096

BELLE GLADE, FL 33430 US City-St-Zip:

Title:

WILSON, HELEN Name: Address: P.O. BOX 1096

City-St-Zip: BELLE GLADE, FL 33430 US

Title:

Name: RUMPH, BEATRICE

Address: P.O. BOX

City-St-Zip: BELLE GLADE, FL 33430 US

Title:

RUTLEDGE, HELEN Name: Address: P. O BOX 1096

BELLE GLADE, FL 33430 US City-St-Zip:

Title:

REASE, ROBERT L REV Name: Address: P.O. BOX 1096

BELLE GLADE, FL 33430 US City-St-Zip:

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: ROBERT L. REASE D 03/18/2011