2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2012
Secretary of State

DOCUMENT# N08000004044

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 CHURC
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:

REASE, ROBERT L
609 SW 9TH 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
Name: WILSON, STEVE
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

Title: V CH
Name: O'NEAL, ROBERT L
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

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

Title: T
Name: BOLDEN, VERDELL
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 US

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

Title: D
Name: REASE, ROBERT L REV
Address: P.O. BOX 1096
City-St-Zip: BELLE GLADE, FL 33430 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: ROBERT L. REASE REV. 03/28/2012

Electronic Signature of Signing Officer or Director Date