## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007387

FILED Feb 03, 2009 Secretary of State

Entity Name: OPERATION JABEZ MINISTRIES, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 440 W. VOORHIS AVE. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** P. O. BOX 1905 DELAND, FL 32721 FEI Number: 35-2290845 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: GILYARD-TOOLEY, JO HANNA E 440 W. VOORHIS AVE. DELAND, FL 32720 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition GILYARD-TOOLEY, JO HANNA Name: Name: P. O. BOX 1905 Address: Address: City-St-Zip: DELAND, FL 32721 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: THOMAS, MILDRED L Name: Address: 124 BIG BEN DR. Address: City-St-Zip: DAYTONA BCH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAM-LLOYD, GAIL B Name: Name: Address: 1104 NE 22ND ST. Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DUNCAN, NETTIE Name: Address: 250 MT. VERNON PL. Address: City-St-Zip: NEWARK, NJ 07016 City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition WOODWARD, LARRY W REV Name: Name: 227 W. BERESFORD AVE Address: Address: City-St-Zip: City-St-Zip: DELAND, FL 32720

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: JOHANNA E. GILYARD-TOOLEY CD 02/03/2009