2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: JLAMINISTRIES, INC.

Current Principal Place of Business:

215 ORANGEVIEW LN
E-10
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3279
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, JERMAINE L
215 ORANGEVIEW LN
E-10
LAKELAND, FL 33803 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: P,D
Name: ANDREWS, JERMAINE L
Address: 215 ORANGEVIEW LN
City-St-Zip: LAKELAND, FL 33803 US

Title: V,D
Name: ANDREWS, ALEXANDRA D
Address: 215 ORANGEVIEW LN
City-St-Zip: LAKELAND, FL 33803 US

Title: D
Name: HAWTHORNE, GREGORY L SR.
Address: 2101 2ND STREET NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D
Name: RICHMOND-DAVIS, PATRICKA A
Address: P.O. BOX 2873
City-St-Zip: VALDOSTA, GA 31604 US

Title: D
Name: STEPHEN, LAMONICAS C
Address: 215 ORANGEVIEW LN
City-St-Zip: LAKELAND, FL 33803 US

Title: D
Name: PRICE, RENITA A
Address: 215 ORANGEVIEW LN
City-St-Zip: LAKELAND, FL 33803 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: JERMAINE L. ANDREWS P,D 04/30/2011

Electronic Signature of Signing Officer or Director — Date