


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N23695 1. Entity Name JAN PAINTER MINISTRIES, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business %ROBISON R. HARRELL 3 CLIFFORD DR. SHALIMAR, FL 32579 | Mailing Address DRAKE, JOAN, RAE 1219 COOPER AVE. LOUISVILLE, KY 40219 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04272004 No Chg-NP CR2E037 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2866822 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

HARRELL, ROBISON, R
3 CLIFFORD DR.
SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PAINTER, JANET M. 357 HONEY COVE FT. WALTON BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D YOUNG, JACLYN 1219 COOPER AVE LOUISVILLE, KY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD DRAKE, JOAN RAE 1219 COOPER AVENUE LOUISVILLE, KY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

000000138587
04/29/04-80086-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #