

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 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**



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2866822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 filer if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

000000275473  
03/25/05-80001-015 61.25

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IN THIS SPACE**

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:**

**Joan R. Drake**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-05**  
Date

**502-964-1100**  
Daytime Phone #