


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90020 044 \*\*\*\*61.25

<b>DOCUMENT # N35118</b> 1. Entity Name <b>JOHN MICHAEL MINISTRIES, INC.</b>					
Principal Place of Business <b>P. O. BOX 26248 JACKSONVILLE, FL 32226</b>			Mailing Address <b>P. O. BOX 26248 JACKSONVILLE, FL 32226</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3571412</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BAZZELL, JOHN MICHAEL % NORTH JACKSONVILLE BAPTIST CHURCH 8531 N MAIN ST JACKSONVILLE, FL 32218</b>				7. Name and Address of New Registered Agent Name <b>Norwood Baptist Church</b> Street Address (P.O. Box Number is Not Acceptable) <b>Attention: John Michael Bazzell</b> <b>6505 Norwood Avenue</b> City <b>Jacksonville</b> FL Zip Code <b>32208</b>	
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 <u><b>John Michael Bazzell, Associate Pastor, NBC</b></u> DATE <u><b>5/8/06</b></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <b>BAZZELL, JOHN MICHAEL</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>7190 LUCKY DR W</b>		NAME		
STREET ADDRESS	<b>JACKSONVILLE, FL</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>MILLER, GARY</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3765 BESS RD</b>		NAME		
STREET ADDRESS	<b>JACKSONVILLE, FL 32277</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>BAZZELL, LINDA</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>7190 LUCKY DR W</b>		NAME		
STREET ADDRESS	<b>JACKSONVILLE, FL</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>John Michael Bazzell</u> John Michael Bazzell</b> Date <u><b>5/8/06</b></u> Daytime Phone # <u><b>904 764-2094</b></u>					