

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N35118	
1. Entity Name JOHN MICHAEL MINISTRIES, INC.	

Principal Place of Business P. O. BOX 26248 JACKSONVILLE, FL 32226	Mailing Address P. O. BOX 26248 JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3571412	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

**NORWOOD BAPTIST CHURCH
 6505 NORWOOD AVENUE
 JACKSONVILLE, FL 32208**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	D BAZZELL, JOHN MICHAEL 7190 LUCKY DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GARY 3765 BESS RD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZZELL, LINDA 7190 LUCKY DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/25/07-80072-021 61.25

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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.

SIGNATURE: *John Michael Bazzell* **John Michael Bazzell** *3/31/07* **3/31/07** *904-764-2094*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #