


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43207</b>	
<b>1. Entity Name</b> JOSHUA MINISTRIES OF LEE COUNTY, INC.	

<b>Principal Place of Business</b> 13771 FERN TRAIL DRIVE NORTH FORT MYERS FL 33903 US	<b>Mailing Address</b> 13771 FERN TRAIL DRIVE NORTH FORT MYERS FL 33903 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0255644	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  RICKARDS, THOMAS D. 13771 FERN TRAIL DRIVE NORTH FORT MYERS FL 33903
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code


**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.

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	<b>DATE</b> _____
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> RICKARDS, THOMAS D		<b>NAME</b>	
<b>STREET ADDRESS</b> 13771 FERN TRAIL DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> NORTH FORT MYERS FL 33903		<b>CITY-STATE-ZIP</b>	000000636355 02/26/07-80013-015 61.25
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PETTIS, DAVID M		<b>NAME</b>	
<b>STREET ADDRESS</b> 1660 JAMESTOWN COURT		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> FT. MYERS FL 33907		<b>CITY-STATE-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> FERRIS, CLEMENT J		<b>NAME</b>	
<b>STREET ADDRESS</b> 4103 KING CHARLES ROAD		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> DURHAM NC 27707		<b>CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>CITY-STATE-ZIP</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:</b>  <b>DAVID M. PETTIS</b>	<b>2/14/07</b> <b>239-275-0274</b>
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