

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43790

FILED
Jan 02, 2008
Secretary of State

Entity Name: N.B. MINISTRIES, INC.

Current Principal Place of Business:

2503 -1 TEBASSA RD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550907
JACKSONVILLE, FL 322550907

New Mailing Address:

FEI Number: 59-3048645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANLEY, EMORY W
2503 TEBASSA RD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STANLEY, EMORY
Address: 2503 TEBASSA RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VDS () Delete
Name: STANLEY, NIKKI
Address: 2503 TEBASSA RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: MYERS, HENRY D
Address: 5964 TERRY PARKER DR NO
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMORY STANLEY

DP

01/02/2008

Electronic Signature of Signing Officer or Director

Date