
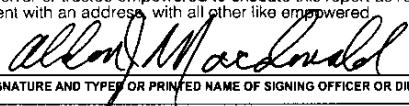


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90007 004 \*\*\*\*61.25

<b>DOCUMENT # N93000004984</b> 1. Entity Name JOURNEY EVANGELISTIC MINISTRIES, INC.					
Principal Place of Business 2221 WALNUT HILL LN IRVING, TX 75038			Mailing Address 2221 WALNUT HILL LN IRVING, TX 75038		
2. Principal Place of Business - No P.O. Box # 512 E DALLAS RD Suite, Apt. #, etc. STE 300			3. Mailing Address 512 E DALLAS RD Suite, Apt. #, etc. STE 300		
City & State GRAPEVINE TX			City & State GRAPEVINE TX		
Zip 76051		Country USA		4. FEI Number 58-2081321	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BAKER, STEPHEN F 565 AVENUE K SE WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent  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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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 NAME STREET ADDRESS CITY-ST-ZIP	DBM MACDONALD, LOREN 1025 SUN RIDGE FLOWER MOUND, TX 75028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM MACDONALD, LOREN 4216 SANDRA LYNN DR FLOWER MOUND, TX 75022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACDONALD, DARREN 2016 BROOKVILLE LN FLOWER MOUND, TX 75028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM SPEIGHT, JERRY RT. 2 BOX 17 K GREENVILLE, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM JONES, PHIL 1723 MISSION SPRINGS KATY, TX 77450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM THIESEN, NORMAN 12584 SW MT SCOTT BLVD PORTLAND, OR 97236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MACDONALD, ALDON J 3813 SIMMONS CREEK LN FLOWER MOUND, TX 75038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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