

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001243**

1. Entity Name  
**J.J. MINISTRIES INC.**



Principal Place of Business  
**19730 S.W. 12TH STREET  
PEMBROKE PINES, FL 33029**

Mailing Address  
**P O BOX 821867  
PEMBROKE PINES, FL 33082-1867 US**

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0565063**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RICE, BILL  
19730 S.W. 12TH ST.  
PEMBROKE PINES, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000136152

~~04/28/04-80084-003 81.25~~

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MORALES, JOAN  
604 SW 75 TERR  
N LAUDERDALE, FL 33068**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RICE, BILL  
19730 SW 12TH ST  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JONES, WILLIE J  
2261 NW 58TH ST  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
MORALES, FRANCISCO  
604 SW 75 TERR  
N LAUDERDALE, FL 33068**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KING, ELIZABETH  
8021 SANTA FE TRAIL  
BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Joan Morales* **Joan Morales**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-04**

Date

**954-450-9292**

Daytime Phone #