

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number
65-0565063

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORALES, JOAN
STREET ADDRESS 19730 SW 12 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

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

TITLE V ☐ Delete
NAME MORALES, FRANCISCO
STREET ADDRESS 19730 SW 12 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000436403
02/27/06-80036-003 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE *B. J. Rice* *B. J. Rice*