

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

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90084 031 \*\*\*\*61.25

**DOCUMENT # N95000001243**

1. Entity Name

J.J. MINISTRIES INC.



Principal Place of Business

Mailing Address

19730 S.W 12TH STREET  
PEMBROKE PINES FL 33029

P O BOX 821867  
PEMBROKE PINES FL 33082-1867  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0565063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME D Pam HARRIS  
STREET ADDRESS 2261 NW 58 ST.  
CITY-STATE-ZIP Miami, FL 33142 ☐ Change ☒ Addition

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

TITLE  
NAME D SCARLET VEEFS  
STREET ADDRESS 5828 NW 80 TER  
CITY-STATE-ZIP Parkland, FL 33067 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

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:

*Bill Rice - Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #