

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001243

FILED
Jul 16, 2008
Secretary of State

Entity Name: J.J. MINISTRIES INC.

Current Principal Place of Business:

19730 S.W 12TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

P O BOX 821867
PEMBROKE PINES, FL 330821867 US

New Mailing Address:

FEI Number: 65-0565063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: PD () Delete
Name: MORALES, JOAN
Address: 19730 SW 12 ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: RICE, BILL
Address: 19730 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: JONES, WILLIE J
Address: 2261 NW 58TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: HARRIS, PAM
Address: 2261 NW 58 ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: KING, ELIZABETH
Address: 8021 SANTA FE TRAIL
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: VERGES, SCARLET
Address: 5828 NW 80 TERR
City-St-Zip: PARKLAND, FL 33067

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:

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: BILL RICE

D

07/16/2008

Electronic Signature of Signing Officer or Director

Date