

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001380**

1. Entity Name

TOUCHING JESUS MINISTRIES ORGANIZATION, INC.



Principal Place of Business

3162 JAMES KENNEDY RD.  
CRESTVIEW, FL 32539

Mailing Address

3162 JAMES KENNEDY RD.  
CRESTVIEW, FL 32539



04142005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, JOHNNIE E  
3162 JAMES KENNEDY RD.  
CRESTVIEW, FL 32539

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000359589  
05/04/05-80164-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIFFITH, JOHNNIE E
STREET ADDRESS	3162 JAMES KENNEDY RD.
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	D
NAME	GRIFFITH, DAVID J
STREET ADDRESS	7120 PAPRONIS
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	VD
NAME	GRIFFITH, JONATHAN E
STREET ADDRESS	3162 JAMES KENNEDY RD.
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	STD
NAME	GRIFFITH, WYNETTE
STREET ADDRESS	3162 JAMES KENNEDY RD.
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	D
NAME	HOWELL, DOROTHY
STREET ADDRESS	410 WINGARD ST.
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	D
NAME	PARKER, JOSEPH M II
STREET ADDRESS	4903 W. HWY. 98
CITY-ST-ZIP	PANAMA CITY, FL 32401

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Johnnie E. Griffith* **JOHNNIE E. GRIFFITH** 4-23-05 850-689-0359