

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N95000004025

1. Entity Name
JIM BRISTOW MINISTRIES, INC.



Principal Place of Business
**8345 BARDMOOR BLVD
LARGO, FL 33777**

Mailing Address
**P.O. BOX 156
INDIAN ROCKS BEACH, FL 33785**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3344815

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRISTOW, JIM
9335 93RD AVENUE NORTH
LARGO, FL 33777**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRISTOW, JAMES O 9335 93RD AVE N LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BRISTOW, APRIL 9335 93RD AVE N LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAGG, NORMAN 3317 TENNESSEE TERRACE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLINDER, STEVE RO 1 BOX 286A WEST DECATUR, PA 16878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001343304
01/25/06-B0011-015 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Jim Bristow DP

1/12/06

Date

(727) 687-5186

Daytime Phone #