2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# N96000004568

Entity Name: J.U.M.P. MINISTRIES INC.

Current Principal Place of Business:

2550 W. COLONIAL DRIVE
SUITE 300
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2550 W. COLONIAL DRIVE
SUITE 300
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3435920 **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:

PRATT, DURONE H
351 STREAMVIEW WAY
WINTERSPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:	PRATT, DURONE H	
Address:	351 STREAMVIEW WAY	
City-St-Zip:	WINTERSPRINGS, FL 32708	
Title:	SD	( ) Delete
Name:	PLUMMER, LAMOND	
Address:	841 SHORT AVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	TD	( ) Delete
Name:	OGLESBY, WILLIE	
Address:	809 WALNUT PLACE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	ARD, GLENDA	
Address:	642 19TH STREET	
City-St-Zip:	ORLANDO, FL 32805	

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:	

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: GLENDA ARD D 09/15/2009

Electronic Signature of Signing Officer or Director — Date