2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000877

Entity Name: A.T. JONES MINISTRIES, INC.

FILED May 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4811 EHRLICH ROAD TAMPA, FL 33624

Current Mailing Address: New Mailing Address:

4811 EHRLICH ROAD TAMPA, FL 33624

FEI Number: 59-3430769 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:

JONES, ARTHUR T 7203 `TALENCE COURT TAMPA, FL 33647 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 () Change () Addition

 Name:
 JONES, ARTHUR T
 Name:

 Address:
 6433 REWICK CIR.
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 JONES, DORIS L
 Name:

 Address:
 7203 `TALENCE COURT
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HUNTER, RUTH C
 Name:

 Address:
 1024 APPLEWOOD DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 34619
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BOONE, MICHAEL
 Name:

 Address:
 18912 CHAVILLE ROAD
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WINFREY, VERA
 Name:

 Address:
 3614 CARROLLWOOD PLACE CIR, #301
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH HUNTER D 05/05/2005