2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000877

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

FILED Jan 24, 2007 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, ARTHUR T JONES, ARTHUR T 7203 `TALENCE COURT 6350 MÁCLAURIN DRIVE TAMPA, FL 33647 TAMPA, FL 33647 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: 01/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JONES, ARTHUR T JONES, ARTHUR T Name: Name: 6433 REWICK CIR. Address: 6350 MACLAURIN DRIVE Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition JONES, DORIS L Name: Name: JONES, DORIS L Address: 7203 `TALENCE COURT Address: 6350 MACLAURIN DRIVE City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition HUNTER, RUTH C Name: HUNTER, RUTH C Name: 1024 APPLEWOOD DRIVE 1324 MAXIMILLIAN DRIVE Address: Address: City-St-Zip: TAMPA, FL 34619 City-St-Zip: WESLEY CHAPEL, FL 33543 Title: () Delete Title: () Change () Addition Name: BOONE, MICHAEL Name: Address: 18912 CHAVILLE ROAD Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: (X) Change () Addition WINFREY, VERA WINFREY, VERA Name: Name: 3614 CARROLLWOOD PLACE CIR, #301 16808 LANDINGS POINR LANE #305 Address: Address: TAMPA, FL 33624 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 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: RUTH HUNTER D 01/24/2007