2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N97000000877

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

Current Principal Place of Business:

4811 EHRLICH ROAD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4811 EHRLICH ROAD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3430769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, ARTHUR T
6350 MACLAURIN DRIVE
TAMPA, FL 33647 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:	D	( ) Delete
Name:	JONES, ARTHUR T	
Address:	6350 MACLAURIN DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	JONES, DORIS L	
Address:	6350 MACLAURIN DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	HUNTER, RUTH C	
Address:	1324 MAXIMILLIAN DRIVE	
City-St-Zip:	WESLEY CHAPEL, FL 33543	
Title:	D	( ) Delete
Name:	BOONE, MICHAEL	
Address:	18912 CHAVILLE ROAD	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	WINFREY, VERA	
Address:	16808 LANDINGS POINTE LANE #305	
City-St-Zip:	TAMPA, FL 33624	

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:	
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: RUTH HUNTER D 03/02/2009

Electronic Signature of Signing Officer or Director — Date