

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000877

FILED  
Apr 10, 2012  
Secretary of State

**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  
Name: JONES, ARTHUR T  
Address: 6350 MACLAURIN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: JONES, DORIS L  
Address: 6350 MACLAURIN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: HUNTER, RUTH P  
Address: 1324 MAXIMILLIAN DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D  
Name: BOONE, MICHAEL  
Address: 18912 CHAVILLE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: WINFREY, VERA  
Address: 16808 LANDINGS POINTE LANE #305  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR T JONES

D

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date