

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N97000003340

1. Entity Name
JIM TOWNER MINISTRIES, INC.



Principal Place of Business
**5600 HADINGS ST
COCOA, FL 32927**

Mailing Address
**P O BOX 906
ELMIRA, NY 14902**



04282006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0757454

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLUM, MICHAEL C
5600 HASTINGS ST
COCOA, FL 32927**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BLUM, MICHAEL C
5600 HASTINGS ST.
COCOA, FL 32927**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
TOWNER, JAMES O
P.O. BOX 906
ELMIRA, NY 14902**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
TOWNER, CAROLE R
P.O. BOX 906
ELMIRA, NY 14902**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000549060
05/13/06-80006-004 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 (607) 738-4961