

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001885

FILED
Apr 28, 2008
Secretary of State

Entity Name: JOHN EDWARDS MINISTRIES, INC.

Current Principal Place of Business:

130 NW 20 STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 237
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0822598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, JOHN
130 NW 20 STREET
POMPANO BEACH, FL 33060 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: DP () Delete
Name: EDWARDS, JOHN
Address: 130 NW 20 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: DS () Delete
Name: EDWARDS, MARILYN
Address: 130 NW 20 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: DT () Delete
Name: WILLIAMS, BRENDA
Address: 2511 SW 6 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

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:

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: JOHN EDWARDS

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date