


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90239 026 ****70.00

| | |
|--|---|
| DOCUMENT # N98000005872 |  |
| 1. Entity Name JESUS J.A.M. MINISTRIES, INCORPORATED | |

| | |
|---|--|
| Principal Place of Business 153 FLORENCE DRIVE DEFUNIAK SPRINGS, FL 32433 | Mailing Address P.O. 375 DEFUNIAK SPRINGS, FL 32435 US |
|---|--|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04292004 Chg-NP CR2E037 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3539973 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| NOBLES, SERRENA 153 FLORENCE DRIVE DEFUNIAK SPRINGS, FL 32433 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|----------------------------|--|---|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOBLES, SERRENA | | NAME | | |
| STREET ADDRESS | 153 FLORENCE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, PATRICIA | | NAME | | |
| STREET ADDRESS | QUEBEC AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NOBLES, BRIAN | | NAME | Campbell, Patricia | |
| STREET ADDRESS | 153 FLORENCE DR | | STREET ADDRESS | North 1st St | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | CITY-ST-ZIP | Defuniah Spring, FL 32433 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Serrera Nobles, (Serrera Nobles)* **4-29-04** **(850) 892-4402**