2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006409

Entity Name: J.W. JOHNSON MINISTRIES, INC.

Jul 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1411 SW AVE H

BELLE GLADE, FL 33430

Current Mailing Address: New Mailing Address:

1411 SW AVE H

BELLE GLADE, FL 33430

FEI Number: 65-0874470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, JOHNNY W SR. JOHNSON, JANIE M 1411 SW AVE H 1411 SW AVE H

BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 US US

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: JANIE M. JOHNSON 07/07/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JOHNSON, JOHNNY W SR. JOHNSON, JANIE M Name: Name: Address: 1411 SW AVE H Address: 1411 SW AVE H

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete Title: () Change () Addition

JOHNSON, SHARON Name: Name: Address: 160 SW 6TH AVENUE Address: City-St-Zip: SOUTH BAY, FL 33493 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

JOHNSON, JANIE JOHNSON, JOHNNY W JR. Name: Name:

1411 SW AVE H 1411 SW AVE H Address: Address:

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430

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: JANIE M. JOHNSON PD 07/07/2007