

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006409

FILED  
Mar 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1411 SW AVE H  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

1411 SW AVE H  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 65-0874470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, JANIE M  
1411 SW AVE H  
BELLE GLADE, FL 33430 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: PD ( ) Delete  
Name: JOHNSON, JANIE M  
Address: 1411 SW AVE H  
City-St-Zip: BELLE GLADE, FL 33430

Title: SD ( ) Delete  
Name: JOHNSON, SHARON  
Address: 160 SW 6TH AVENUE  
City-St-Zip: SOUTH BAY, FL 33493

Title: TD ( ) Delete  
Name: JOHNSON, JOHNNY W JR.  
Address: 1411 SW AVE H  
City-St-Zip: BELLE GLADE, FL 33430

**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: JANIE M. JOHNSON

PD

03/29/2009

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

\_\_\_\_\_  
Date