


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000002400</b> 1. Entity Name <b>JEWELS MINISTRIES, INC.</b>	
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FILED

04 APR 29 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 8438 COLBERT ROAD TALLAHASSEE, FL 32315	Mailing Address POST OFFICE BOX 135 WOODVILLE, FL 32362
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04302004 Chg-NP CR2E037 (10/03)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MCMILLIAN, EDNA</b> <b>2810 JIM LEE RD.</b> <b>TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		Delete <input type="checkbox"/>
TITLE	D	
NAME	CLEMONS, EDWIN O	
STREET ADDRESS	2810 JIM LEE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	
NAME	CLEMONS, CYNTHIA	
STREET ADDRESS	2810 JIM LEE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	
NAME	RANDOLPH, ISAAC	
STREET ADDRESS	2810 JIM LEE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	
NAME	MCMILLIAN, EDNA	
STREET ADDRESS	2810 JIM LEE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	
NAME	RANDOLPH, ALETHIA	
STREET ADDRESS	2810 JIM LEE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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05/14/04--01027--001 \*\*61.25

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: Edna McMillian 4/30/04 219-0322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #