

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 28 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT.# N99000002400					
1. Entity Name JEWELS MINISTRIES, INC.					
Principal Place of Business 8438 COLBERT ROAD TALLAHASSEE, FL 32315			Mailing Address POST OFFICE BOX 135 WOODVILLE, FL 32362		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCMILLIAN, EDNA 2810 JIM LEE RD. TALLAHASSEE, FL 32301			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLEMONS, EDWIN O	NAME	200074862422		
STREET ADDRESS	2810 JIM LEE RD.	STREET ADDRESS	05/19/06 01026 012 **61.25		
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLEMONS, CYNTHIA	NAME			
STREET ADDRESS	2810 JIM LEE RD.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANDOLPH, ISAAC	NAME			
STREET ADDRESS	2810 JIM LEE RD.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMILLIAN, EDNA	NAME			
STREET ADDRESS	2810 JIM LEE RD.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANDOLPH, ALETHIA	NAME			
STREET ADDRESS	2810 JIM LEE RD.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	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 exemptions contained 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 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: <u>Edna McMillian</u>		Date: <u>4/28/06</u>		Daytime Phone #: <u>(850) 219-0322</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					