

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007158

FILED
May 01, 2004
Secretary of State

Entity Name: EMILY TIMMONS MINISTRIES, INC.

Current Principal Place of Business:

6814 BOGATA DR S
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6814 BOGATA DR S
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3608273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMMONS, EMILY
6814 BOGATA DR S
JACKSONVILLE, FL 32210

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: DP () Delete
Name: TIMMONS, EMILY
Address: 6814 BOGATA DR S
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS () Delete
Name: CLARK, MARVETTE
Address: 1023 W 10TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT () Delete
Name: EVELYN, WILMA
Address: 277 CRESTWOOD ST
City-St-Zip: JACKSONVILLE, FL 32208

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 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 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: EMILY I TIMMONS

DP

05/01/2004

Electronic Signature of Signing Officer or Director

Date