2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056973

Entity Name: JOHN E. GUNS MINISTRIES, INC.

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7545 CENTURION PARKWAY 3738 WINTON DRIVE SUITE 103 JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** P.O. BOX 9397 JACKSONVILLE, FL 32208 FEI Number: 27-0428894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUNS, JOHN 1733 GALLAHADION COURT JACKSONVILLE, FL 32218 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GUNS, JOHN E GUNS, JOHN E Name: Name: 7545 CENTURION PARKWAY, SUITE #103 Address: 3738 WINTON DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change (X) Addition ROBERTS, ANTOINE Name: Name: 3738 WINTON DRIVE Address: Address: JACKSONVILLE, FL 32208 City-St-Zip: City-St-Zip: Title: Title: () Delete CFO () Change (X) Addition Name: GRANT, SHARON W Name: 3738 WINTON DRIVE Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32208

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON W GRANT **CFO** 07/22/2009