

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056973

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** JOHN E. GUNS MINISTRIES, INC.

**Current Principal Place of Business:**

3738 WINTON DRIVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9397  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 27-0428894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUNS, JOHN  
1733 GALLAHADION COURT  
JACKSONVILLE, FL 32218 US

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

GUNS, JOHN  
3738 WINTON DRIVE  
JACKSONVILLE, FL 32208 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:** JOHN E. GUNS

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GUNS, JOHN E  
**Address:** 3738 WINTON DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** CEO  
**Name:** JAMES, KEVIN  
**Address:** 3738 WINTON DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** CFO  
**Name:** GRANT, SHARON W  
**Address:** 3738 WINTON DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON W GRANT

CFO

02/24/2011

Electronic Signature of Signing Officer or Director

Date