

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004826

**Entity Name:** JESUS ANSWERS MINISTRY INC.

**Current Principal Place of Business:**

23 RAINTREE DR  
PORT ORANGE, FL 32127

**Current Mailing Address:**

23 RAINTREE DR  
PORT ORANGE, FL 32127

**FEI Number: 45-5305045**

**Certificate of Status Desired: Yes**

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

PIPER, WILLIAM  
23 RAINTREE DR  
PORT ORANGE, FL 32127 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

**Officer/Director Detail :**

Title D  
Name PIPER, WILLIAM  
Address 23 RAINTREE DR  
City-State-Zip: PORT ORANGE FL 32127

Title D  
Name PIPER, NICOLE M  
Address 23 RAINTREE DR  
City-State-Zip: PORT ORANGE FL 32127

Title D  
Name PIPER, WILLIAM CJR  
Address 23 RAINTREE DR  
City-State-Zip: PORT ORANGE FL 32127

Title D  
Name PIPER, MARY T  
Address 23 RAINTREE DR  
City-State-Zip: PORT ORANGE FL 32127

Title D  
Name PIPER, BRIANNA L  
Address 23 RAINTREE DR  
City-State-Zip: PORT ORANGE FL 32127

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

**SIGNATURE: WILLIAM CHARLES PIPER SR.**

**CEO**

**09/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date