

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

DOCUMENT# N43790

**Entity Name:** N.B. MINISTRIES, INC.

**Current Principal Place of Business:**

2503 -1 TEBASSA RD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

2503 -1 TEBASSA RD  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-3048645

**Certificate of Status Desired:** Yes

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

STANLEY, EMORY  
2503 TEBASSA RD  
JACKSONVILLE, FL 32216 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 DP  
Name STANLEY, EMORY  
Address 2503 TEBASSA RD  
City-State-Zip: JACKSONVILLE FL 32216

Title VDS  
Name STANLEY, NIKKI  
Address 2503 TEBASSA RD  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name MYERS, HENRY D  
Address 5964 TERRY PARKER DR NO  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name STANLEY, THOMAS J  
Address 12306 WATER TUPELO RD  
City-State-Zip: JACKSONVILLE FL 32226

*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:** EMORY STANLEY

DP

01/09/2013

Electronic Signature of Signing Officer/Director Detail

Date