


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 029 ****61.25

DOCUMENT # N01000004285		
1. Entity Name P-3 MINISTRIES, INC.		
Principal Place of Business 1953 WEST 9TH STREET JACKSONVILLE FL 32209		Mailing Address 1953 WEST 9TH STREET JACKSONVILLE FL 32209
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		Country



2nd MOORE CR2E037 (4/07)

4. FEI Number 59-3726168		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACKSON, PERCY SR, REV 2068 MIDDLEBURG RD N JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Percy Jackson Sr*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACKSON, PERCY SR.			NAME	EARL WEBSTER		
STREET ADDRESS	2068 OLD MIDDLEBURG			STREET ADDRESS	2017 PULLMAN AVE		
CITY-ST-ZIP	JACKSONVILLE FL 32210			CITY-ST-ZIP	JACKSONVILLE, FL 32209		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMALLS, MILLEDGE			NAME			
STREET ADDRESS	823 MACKINAW ST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32254			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, DAVID			NAME			
STREET ADDRESS	3540 MYRA ST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32205			CITY-ST-ZIP			
TITLE	TC	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINNON, VICKY			NAME			
STREET ADDRESS	1519 W 26TH ST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, ANNIE			NAME	ANNA R. SANDERS		
STREET ADDRESS	10995 APPLE BLOSSOM TER E			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32218			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, PERCY JR.			NAME	JACKSON, PERCY JR.		
STREET ADDRESS	8750 SPRING HARVEST LN E			STREET ADDRESS	7739 RUSHMORE CT.		
CITY-ST-ZIP	JACKSONVILLE FL 32244			CITY-ST-ZIP	JACKSONVILLE, FL 32244		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Percy Jackson Sr* 8/19/07 904-354-0145