


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90013 002 ****61.25

DOCUMENT # N01000004285
 1. Entity Name
P-3 MINISTRIES, INC.



Principal Place of Business Mailing Address
1953 WEST 9TH STREET **1953 WEST 9TH STREET**
JACKSONVILLE FL 32209 **JACKSONVILLE FL 32209**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
59-3726168 Not Applicable

5. Certificate of Status Desired \$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

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 _____
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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JACKSON, PERCY SR.	
STREET ADDRESS	2068 OLD MIDDLEBURG	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMALLS, MILLEDGE	
STREET ADDRESS	823 MACKINAW ST	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEBSTER, EARL	
STREET ADDRESS	2017 PULLMAN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ANNIE	
STREET ADDRESS	10995 APPLE BLOSSOM TER E	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, PERCY JR.	
STREET ADDRESS	8750 SPRING HARVEST LN E	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*2072 Old Middleburg Rd.
 Jacksonville, FL 32210*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

4/25/08