2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# 704177

Entity Name: JIMMIE DOBBS REVIVALS AND PAXON REVIVAL CENTER CHURCH, INC.

Current Principal Place of Business:

5461 COMMONWEALTH AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

5461 COMMONWEALTH AVE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-2149453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBBS, STEVE B
5461 COMMONWEALTH AVE.
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOBBS, STEVE
Address: 1358 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32220

Title: VD ( ) Delete
Name: DOBBS, WILLENE
Address: 1358 BULLSBAY HWY
City-St-Zip: JAX, FL 32220

Title: D ( ) Delete
Name: OSTEEN, HOLLIS
Address: 9126 WOLLITZ PLACE
City-St-Zip: JACKSONVILLE, FL 3220

Title: D ( ) Delete
Name: JONES, KEVIN
Address: 5225 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVE DOBBS P 02/03/2005

Electronic Signature of Signing Officer or Director — Date