
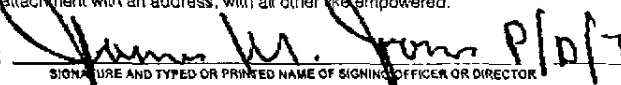


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 736834					
1. Entity Name THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.					
Principal Place of Business 4067 ATTAPULGUS HWY QUINCY, FL 32351			Mailing Address 5178 BLUEBERRY XZ QUINCY, FL 32351		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 00-2600030	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, JAMES M 156 JACK SCOTT ROAD QUINCY, FL 32351			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JAMES M		NAME		
STREET ADDRESS	166 JACK SCOTT RD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP	U00000517834 05/01/06-80061-009 61.25	
TITLE	DTV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, ELTON JR		NAME		
STREET ADDRESS	4089 ATTAPULGUS HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, LUCRETIA		NAME		
STREET ADDRESS	1616 ATTAPULGUS HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, MARIONETTE		NAME		
STREET ADDRESS	207 CHARLIE HARRIS LOOP		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	EC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MARY		NAME		
STREET ADDRESS	786 MADISON LANE		STREET ADDRESS		
CITY-ST-ZIP	CAIRO, GA 31728		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, RUTHA M		NAME		
STREET ADDRESS	2011 MLK JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
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: 		DATE: 4/14/06		DAYTIME PHONE # (850) 627-0353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	