

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744104  
1. Entity Name  
**Jesus House of Faith, Inc**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03.SEP 12 PM 12:11

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2. Principal Place of Business <b>1520 NW 17 Place</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 120952</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>MIAMI BEACH, FL</b>	City & State <b>FT LAUDERDALE, FL</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33069</b>	Country <b>US</b>	Zip <b>33312</b>	Country <b>US</b>

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7. Name and Address of Current Registered Agent

Name <b>Deborah Clayton-Drake</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8560 Sherman Circle</b>	
Apt # 203	
City <b>Miramar</b>	FL Zip Code <b>33025</b>

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.

SIGNATURE 9/12/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> Department of State
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10. OFFICERS AND DIRECTORS			
TITLE <b>D</b>	NAME <b>Deborah Clayton-Drake</b>	TITLE	
	STREET ADDRESS <b>8560 Sherman Circle, #203</b>	NAME	
	CITY-ST-ZIP <b>Miramar, FL 33025</b>	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>Betty Hamilton</b>	TITLE	
	STREET ADDRESS <b>2141 NW 28 St</b>	NAME	
	CITY-ST-ZIP <b>FT LAUDERDALE, FL 33311</b>	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>Mia Hall</b>	TITLE	
	STREET ADDRESS <b>5601 NW 18 St</b>	NAME	
	CITY-ST-ZIP <b>LAUDERHILL, FL 33313</b>	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>Norman Drake</b>	TITLE	
	STREET ADDRESS <b>8560 Sherman Circle, #203</b>	NAME	
	CITY-ST-ZIP <b>Miramar, FL 33025</b>	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	NAME	STREET ADDRESS	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 9/12/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037B (12/01)