

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000564

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** JUBILEE EVANGELISM MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

1118 SE 36TH AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1118 SE 36TH AVE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 59-3691757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMMETT, J. RANDALL  
5353 SW COLLEGE RD  
OCALA, FL 34474 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: D ( ) Delete  
Name: MAHAN, SUSAN  
Address: 1118 SE 36TH AVE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: MAHAN, JOSEPH  
Address: 1118 SE 36TH AVE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: ELMORE, EVELYN  
Address: 10620 SW 157TH LANE  
City-St-Zip: DUNELLON, FL 34432

Title: D (X) Delete  
Name: MCCARLEY, FRANK  
Address: 407 SPRING DR.  
City-St-Zip: ELLIJAY, GA 305406108

Title: D (X) Delete  
Name: DEL RIO, BONNIE  
Address: 1535 SE 42ND AVE  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: ELMORE, EVELYN  
Address: 10620 SW 157TH LANE  
City-St-Zip: DUNELLON, FL 34432

Title: D (X) Change ( ) Addition  
Name: MCCARLEY, FRANK  
Address: 407 SPRING DR.  
City-St-Zip: ELLIJAY, GA 305406108

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 Chapter 119, 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: SUSAN MAHAN

PRES

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date