2/11/2005-90057-034-$150.00-$150.00

2/

FILED
05 SEP -9 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005057

1. Entity Name
JESUS SUPERNATUBAL SWORD OF POWER MINISTRY #1 INC.

Principal Place of Business	Mailing Address
51 N. DIXIE HWY. DEERFIELD BEACH, FL 33441	P.O. BOX 914 DEERFIELD BEACH, FL 33441

66012033

01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1882157
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, TONY REV.
51 N. DIXIE HWY.
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, TONY
STREET ADDRESS	511 NE 38TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	JOHNSON, ELIZABETH
STREET ADDRESS	1281 SW 6TH WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	SMALLINGS, SANDRA
STREET ADDRESS	1241 SW 5TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	HALL, THERETTA
STREET ADDRESS	511 NE 38TH ST.
CITY-ST-ZIP	POMPANO, FL 33064
TITLE	D
NAME	DANIELS, SHERYL
STREET ADDRESS	1281 SW 6TH WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	LORAY, TAMARA
STREET ADDRESS	1980 NW 4TH CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Hall 9/2/05 954-709-4624
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Received SEP 13 2005