2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N01000005057

Entity Name: JESUS SUPERNATURAL SWORD OF POWER MINISTRY #1 INC.

Current Principal Place of Business:

1950 NW 8TH STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

511 NE 38TH STREET
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 14-1882157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, TONY REV.
511 NE 38TH STREET
POMPANO BEACH, FL 33069 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: HALL, TONY
Address: 511 NE 38TH ST.
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: JOHNSON, ELIZABETH
Address: 2001 GRANADA DRIVE #G1
City-St-Zip: COCONUT CREEK, FL 33069

Title: D ( ) Delete
Name: CHERY, HAZEL
Address: 141 NE 24TH STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: HALL, THERETTA
Address: 511 NE 38TH ST.
City-St-Zip: POMPANO, FL 33064

Title: D ( ) Delete
Name: CHERY, JEAN
Address: 141 NE 24TH STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: HARP, DONNA
Address: 401 NW 11TH DRIVE
City-St-Zip: POMPANO BEACH, FL 33060

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:

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 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: THERETTA HALL D 01/29/2009

Electronic Signature of Signing Officer or Director — Date