

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004498

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: JESUS CARES MINISTRY, INC.

**Current Principal Place of Business:**

8002 FERNVIEW LANE  
TAMPA, FL 33615

**New Principal Place of Business:**

4717 CRESTHILL DRIVE  
TAMPA, FL 33615

**Current Mailing Address:**

P.O.BOX 260505  
TAMPA, FL 33685

**New Mailing Address:**

FEI Number: 51-0480558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEON, LUIS  
8002 FERNVIEW LANE  
TAMPA, FL 33615    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: LEON, LUIS  
Address: 8002 FERNVIEW LANE  
City-St-Zip: TAMPA, FL 33615

Title: D            ( ) Delete  
Name: LEON, MAYRA  
Address: 8002 FERNVIEW LANE  
City-St-Zip: TAMPA, FL 33615

Title: D            ( ) Delete  
Name: LUGO, ZENAIDA  
Address: 2109 BERKLEY DRIVE  
City-St-Zip: VINELAND, NJ 08361

Title: D            (X) Delete  
Name: PAGAN, ROBERT  
Address: 13 7TH AVENUE  
City-St-Zip: PASSAIC, NJ 07055

Title: D            (X) Delete  
Name: PAGAN, NANCY  
Address: 13 7TH AVENUE  
City-St-Zip: PASSAIC, NJ 07055

**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:

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: LUIS A LEON

Electronic Signature of Signing Officer or Director

REV

02/27/2006

\_\_\_\_\_ Date