

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004498

FILED
Apr 06, 2009
Secretary of State

Entity Name: JESUS CARES MINISTRY, INC.

Current Principal Place of Business:

12480 FLEURY COURT
BROOKSVILLE, FL 34613

New Principal Place of Business:

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
12480 FLEURY COURT
BROOKSVILLE, FL 34613 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 PASTOR
Address: 12480 FLEURY CT
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: LEON, MAYRA PASTOR
Address: 12480 FLEURY CT
City-St-Zip: BROOKSVILLE, FL 34613

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: A () Change (X) Addition
Name: RIVERA, JOHN ADVISOR
Address: 7007 DRURY ST
City-St-Zip: TAMPA, FL 33635

Title: A () Change (X) Addition
Name: SUAREZ, JOSE ADVISOR
Address: 9425 OSCEOLA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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: LUIS A LEON

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date