## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2007 8:00 am DOCUMENT # N04000010763 **Secretary of State** 03-20-2007 90016 046 \*\*\*\*61.25 JESUS TEAM MINISTRIES INC. Principal Place of Business Mailing Address 3271 NW 103 TERRACE SUNRISE FL 33351 3271 NW 103 TERRACE SUNRISE FL 33351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 01-0824477 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, WILLIE J Street Address (P.O. Box Number is Not Acceptable) 2261 NW 58TH STREET MIAMI FL 33142 City Zip Code 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 Signature, Moed or printed name of registered agent and little 4 applicable (NOTE: Registered Agent signature required when rehistaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE ☐ Delete mo □ Change ☐ Addition NAME WALLACE, TREVOR NAME STREET ADDRESS 3271 NW 103RD TERR STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY ST 7/P 11111 Delete HILL ☐ Change ☐ Addition NAMI JACKSON, VALENTINE STREET ADDRESS 3900 NW 47TH TERR STREET ADORESS CITY ST-7IP LAUDERDALE LAKES FL 33319 CITY ST-7P THE ☐ Delete TIME ■ Addition NAME JONES, WILLIE J MAM STREET ADDRESS STREET ADDRESS 2261 NW 58TH STREET CITY ST-ZIP CHY ST-7P MIAMI FL 33142 10110 ☐ Delete V/P Change Addition NAME WALLACE, LORETTA A STREET ADDRESS 3271 NW 103RD TERR STREET ADDRESS CITY ST-ZIP CHY ST ZIP SUNRISE FL 33351 THEF ☐ Delete THU Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP HITE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREEL ADDRESS CHY ST-ZIP CITY-ST ZIP

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12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 offect as if made under eath; 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:

Thallon