

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004498

**Entity Name:** JESUS CARES MINISTRY, INC.

**Current Principal Place of Business:**

12480 FLEURY COURT  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

P.O.BOX 10768  
BROOKSVILLE, FL 34603

**FEI Number: 51-0480558**

**Certificate of Status Desired: No**

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

LEON, LUIS  
12480 FLEURY COURT  
BROOKSVILLE, FL 34613 US

*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

**Officer/Director Detail :**

Title D  
Name LEON, LUIS PASTOR  
Address 12480 FLEURY CT  
City-State-Zip: BROOKSVILLE FL 34613

Title D  
Name LEON, MAYRA PASTOR  
Address 12480 FLEURY CT  
City-State-Zip: BROOKSVILLE FL 34613

Title ADVISOR  
Name ORTIZ, JEREMY  
Address 12480 FLEURY CT  
City-State-Zip: BROOKSVILLE FL 34613

Title SEC  
Name LEON, JAZLY  
Address 12480 FLEURY CT  
City-State-Zip: BROOKSVILLE FL 34613

Title A  
Name SUAREZ, JOSE ADVISOR  
Address 9425 OSCEOLA DR  
City-State-Zip: NEW PORT RICHEY FL 34654

Title A  
Name LEON, ELIJAH L  
Address 12480 FLEURY CT  
City-State-Zip: BROOKSVILLE FL 34613

*I hereby 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 all other like empowered.*

**SIGNATURE: LUIS A. LEON**

**DIRECTOR**

**01/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date