

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002927

**Entity Name:** JESUS CHRIST OF NAZARETH HEALING AND DELIVERANCE  
MINISTRY, CORPORATION

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC8651849860**

**Current Principal Place of Business:**

5262 POLAN LANE  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

5262 POLAN LANE  
JACKSONVILLE, FL 32209 US

**FEI Number: 59-3183546**

**Certificate of Status Desired: No**

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

ROBINSON, DEBORAH A  
5262 POLAN LANE  
JACKSONVILLE, FL 32209 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: DEBORAH A ROBINSON**

**03/21/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROBINSON, DEBORAH A  
Address 5262 POLAN LANE  
City-State-Zip: JACKSONVILLE FL 32209

Title SD  
Name THOMAS, OLLIE M  
Address 11815 ALDEN ROAD  
603  
City-State-Zip: JACKSONVILLE FL 32246

Title TD  
Name NELSON, FREDINA  
Address 9146 JACKSON STREET  
City-State-Zip: JACKSONVILLE FL 32208

*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: DEBORAH A. ROBINSON**

**PD**

**03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date