2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724330

FILED Jan 13, 2004 Secretary of State

Entity Name: JIM WILSON EVANGELISTIC ASSOCIATION, INC.

2 D	wineinal Blac	o of Business	New Drinei	ad Diago of Business.
Current Principal Place of Business:		New Princip	New Principal Place of Business:	
	RANGE AVE D, FL 32809	US	1718 WINDI ORLANDO,	NG OAKS DRIVE FL 32825 US
Current M	lailing Addre	ss:	New Mailing	g Address:
P.O. BOX ORLANDO	560043 D, FL 32856	US		
El Number	: 59-1434865	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:
	DING OAKS E D, FL 32825	US		
		submits this statement for the	purpose or changing its	registered office or registered agent, or bo
n the State	e of Florida.	submits this statement for the	purpose of changing its	registered oπice or registered agent, or bo
	e of Florida. ** RE:			
n the State	e of Florida. ** RE:	nic Signature of Registered Ag	ent	Date
n the State	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Ag CTORS: K) Delete RRY AP RD	ent	
n the State BIGNATUI DFFICER: Title: Name: Address:	e of Florida. RE: Electro S AND DIRECT DV () PEREIRA, JEI 832 LAKEY G, BLACK MTN, I	nic Signature of Registered Ag CTORS: K) Delete RRY AP RD NC 28711) Delete B N DRIVE	ent ADDITIONS Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECT
n the State BIGNATUI DFFICER: Value:	e of Florida. RE: Electro S AND DIREC DV (A PEREIRA, JEI 832 LAKEY G BLACK MTN, I D (WILSON, BOE 604 DOMINIO SOUTHLAKE,	nic Signature of Registered Agentors: (X) Delete RRY AP RD NC 28711 (3) Delete (3) N DRIVE TX 76092 (4) Delete (1ES	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date CHANGES TO OFFICERS AND DIRECT () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM PALMER DV 01/13/2004