

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 007 ****70.00

DOCUMENT # 752537

1. Entity Name

WE'RE FOR JESUS HOUSE OF PRAYER, INC.



Principal Place of Business

5000 MAIN ST.
JACKSONVILLE FL 32206

Mailing Address

5000 MAIN ST.
JACKSONVILLE FL 32206



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2021682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ROBERT L
5000 MAIN ST.
JACKSONVILLE FL 32206

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature is required with reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME BROWN, GLORIA J
STREET ADDRESS 5000 N. MAIN STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE PD ☐ Delete
NAME JONES, ROBERT *Robert Jones*
STREET ADDRESS 5000 N. MAIN STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME WILLIAMS, YVETTE K
STREET ADDRESS 5000 N. MAIN ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Elijah Johnson
STREET ADDRESS 5000 N. Main Street
CITY-ST-ZIP Jacksonville, Florida 32206

TITLE ☐ Change ☒ Addition
NAME Margaret Johnson
STREET ADDRESS 5000 N. Main Street
CITY-ST-ZIP Jacksonville, Florida 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Robert L. Jones

02/21/08

904-388-6275