

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90031 046 ****61.25

DOCUMENT # 763874

1. Corporation Name

JESUS CHRIST IS LORD, INC.

02/3/8 - 90031 - 40

Principal Place of Business

2311 WILLIAMS DR
P.O. BOX 415
FT MYERS FL 33901
US

Mailing Address

~~P.O. BOX 1200~~
~~FT MYERS FL 33902~~
~~US~~



2. Principal Place of Business

21 **3448 Canal Street**

2a. Mailing Address

26 **2311 Williams Drive**

3. Date Incorporated or Qualified

06/23/1982

Suite, Apt. #, etc.

22 **F**

Suite, Apt. #, etc.

27 **1**

4. FEI Number

59-2191486

Applied For

Not Applicable

City & State

23 **Ft Myers FL**

City & State

28 **Ft Myers FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 **33916**

Country

25 **Lee**

Zip

29 **33901**

Country

30 **Lee**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SANTANA, SALVADOR
2311 WILLIAMS DR
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/20/99
DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **SANTANA, SALVADOR**
CITY-ST-ZIP **2311 WILLIAMS DR**
FT MYERS FL

TITLE ☐ DELETE

NAME **VTD**
STREET ADDRESS **SANTANA, KATHERINE**
CITY-ST-ZIP **2311 WILLIAMS DR**
FT. MYERS FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GUIRGUIS, MARGARET**
CITY-ST-ZIP **206 UTAH AVENUE**
FT MYERS FL

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **ARRIAGA, ELIZABETH**
CITY-ST-ZIP **3855 BROADWAY APT 103**
FT. MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Ismael Reyes
1756 Calusa Estates Lane
LaBelle FL 33935

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

332.1350
Daytime Phone #

CR2E037 (11/98)

0059484