

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90970 022 ****61.25

DOCUMENT # 765194



1. Entity Name
JESUS PEOPLE MINISTRIES, INC.

Principal Place of Business

**4055 NW 183 STREET
MIAMI FL 33055
US**

Mailing Address

**4055 NW 183 STREET
MIAMI FL 33055
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2225033**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



-6- Name and Address of Current Registered Agent

**WILLIAMS, ISAIAH S JR
16206 NW 83 CT
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **WILLIAMS, ISAIAH S JR**
STREET ADDRESS **16206 NW 83 COURT**
CITY-ST-ZIP **HIALEAH FL**

Change Addition

TITLE **TD** Delete
NAME **HARIG, TERRY**
STREET ADDRESS **3101 SW 32ND AVE**
CITY-ST-ZIP **HOLLYWOOD FL**

Change Addition

TITLE **VD** Delete
NAME **WILLIAMS, GLORIA Y**
STREET ADDRESS **16206 NW 83 COURT**
CITY-ST-ZIP **HIELEAH FL 33016**

Change Addition

TITLE **SD** Delete
NAME **JOHNSON, DIANNE**
STREET ADDRESS **18546 NW 22 PL.**
CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 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: *SIGNATURE RE WILLIAMS*

4/22/03 (305)625-9630

CR2E037 (10/02)