2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am Secretary of State DOCUMENT # F95000000197 1. Entity Name 02-23-2005 90078 043 ****61.65 LEROY JENKINS EVANGELISTIC ASSOCIATION, INC. Principal Place of Business Mailing Address 8130 VIA DE NEGOCIO SCOTTS DALE AZ 85258 PO Box 4270 Scottsdale AZ 85261 2. Principal Place of Business 8130 VIA DE NEGO CIO 3. Mailing Address Suite, Apt. #, etc. 2ND FLOOR Suite, Apt. #, etc. CR2E037 (10/04) City & State SCOTTS DALE City & State Applied For 4. FEI Number 59-1023985 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MARICOPA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINE, DAVID REV. Street Address (P.O. Box Number is Not Acceptable) 2956 HIGHWAY 27 SOUTH LAKE WALES FL 33850 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 2/10/05 (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change ☐ Addition 9639 N. 32ND ST JENKINS, LEROY NAME NAME 2124 S. HAMILTON ROAD STREET ADDRESS STREET ADDRESS PHOENIX, AZ. 85028 COLUMBUS OH 43232 CITY-ST-ZIP CITY-ST-ZIP DT TITLE ☐ Delete Change ☐ Addition ALLEN, MARY NAME NAME 4835 RT 251 STREET ADDRESS STREET ADDRESS **DELAWARE OH 43015** CITY-ST-ZIP CITY-ST-ZIP 8311 VIADE VENTURA A-PT-1099 TELLE Delete TITLE NAME BUCKINGHAM, JUNE M NAME STREET ADDRESS 6311-SADDLER-WAY STREET ADDRESS SCOTTSDALE, AZ 85258 CANAL-WINGHESTER OH 43110 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete 28404 N. 148THST. JENKINS, DENNIS NAME NAME 25903-GOLD TREE-GT STREET ADDRESS STREET ADDRESS SCOTTS DALE, AZ 85262 WESLEY CHAPEL FL 33544 CITY-ST-ZIP CITY-S1-ZIP BILLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE: Agree M. Ducken Jean 2/15/05 480-906-9023

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Davis Davis Phone *

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