

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90179 018 ****61.25

DOCUMENT # N00000001931

1. Entity Name
JUBILEE CHRISTIAN CENTER IN CHRIST, INC.



Principal Place of Business
**2800 WOODLAKE DR., NE
APT. 103
PALM BAY, FL 32905**

Mailing Address
**P.O. BOX 120163
W. MELBOURNE, FL 32912-0163**

ZUU47183



02062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3634985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLEMMONS, ROY D PASTOR
2800 WOODLAKE DR., NE
APT. 103
PALM BAY, FL 32905**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CLEMMONS, ROY D
2800 WOODLAKE DR., NE, APT. 103
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CLEMMONS, BOBBIE J
2800 WOODLAKE DR., NE, APT. 103
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KARIKER, BETTY S
832 N 77TH E AVENUE
TULSA, OK 74115**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POMEROY, BETTIE
101 E DALE AVENUE
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Roy D. Clemmons Roy D. Clemmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

321 956-0200

Daytime Phone #