

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



04082006 No Chg-NP

CR2E037 (11/05)

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**

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000549875
05/13/06-80036-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #