2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002021

Entity Name: JESUS IS REAL, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2509 NORTH MAIN ST JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 12836 PINE BURR LANE W JACKSONVILLE, FL 32246 FEI Number: 59-3643013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, BERTHA G 12836 PINE BURR LANE W JACKSONVILLE, FL 32246 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, BERTHA G Name: Name: 12836 PINE BURR LANE W Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SMITH, GARY R Name: Address: 12836 PINE BURR LANE W Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition COATS, DELORES R Name: Name: Address: 12836 PINE BURR LANE W Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COATS, GENNELL L Name: 12410 KEDLESTONE CT W Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change () Addition GETTIS, DAVID L Name: Name: 2828 PAGATION CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change () Addition COATS, DARRELL L Name: Name: Address: 12410 KEDLESTONE CT W Address: JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA SMITH P 04/20/2007