2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N00000002021

Entity Name: JESUS IS REAL, INC.

Current Principal Place of Business:

2509 NORTH MAIN ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

12836 PINE BURR LANE W
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3643013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BERTHA G
12836 PINE BURR LANE W
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	SMITH, BERTHA G	
Address:	12836 PINE BURR LANE W	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VP	( ) Delete
Name:	SMITH, GARY R	
Address:	12836 PINE BURR LANE W	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	TS	( ) Delete
Name:	COATS, DELORES R	
Address:	12836 PINE BURR LANE W	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	COATS, GENNELL L	
Address:	2957 BRIGHT EAGLE DR	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	D	( ) Delete
Name:	GETTIS, DAVID L	
Address:	2828 PAGATION CT	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	COATS, DARRELL L	
Address:	2957 BRIHT EAGLE DR.	
City-St-Zip:	JACKSONVILLE, FL 32226	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TS	(X) Change ( ) Addition
Name:	COATS, DELORES Y	
Address:	12836 PINE BURR LANE W	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 04/29/2009

Electronic Signature of Signing Officer or Director — Date