2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004
Secretary of State

DOCUMENT# N00000002773

Entity Name: JESUS AND FRIENDS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

2589 SUNDANCE CIR
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

2589 SUNDANCE CIR
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-3645070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMUEL, JOHN
2589 SUNDANCE CIR
MULBERRY, FL 33860

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:	PD	( ) Delete
Name:	SAMUEL, JOHN	
Address:	2589 SUNDANCE CIR	
City-St-Zip:	MULBERRY, FL 33860	
Title:	TD	( ) Delete
Name:	JOHN, JIM	
Address:	2589 SUNDANCE CIR	
City-St-Zip:	MULBERRY, FL 33860	
Title:	D	( ) Delete
Name:	SAMSON, MORIES	
Address:	252 WAVELAND ST	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	SD	( ) Delete
Name:	CHACKO, BLESSY A	
Address:	252 WAVELAND ST	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	JOHN, KEZIA	
Address:	2589 SUNDANCE CIR	
City-St-Zip:	MULBERRY, FL 33860	
Title:	D	( ) Delete
Name:	JOHN, RAJAMMAL	
Address:	4015 E. 540 A	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: JOHN SAMUEL PD 08/26/2004

Electronic Signature of Signing Officer or Director — Date