## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003585

FILED Feb 09, 2005 Secretary of State

Entity Name: THE JACKIE MIZE INTERNATIONAL CHILDREN'S FOLINDATION CORP.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
O. BOX EXARKA	5788 NA, TX 755055	5788		
Current Mailing Address:		New Mailing Address:		
O. BOX EXARKA	5788 NA, TX 755055	5788		
El Number	: 58-2551217	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
PERDU	TO, GUY D			
982 TAF	T STREET KE PINES, FL 3	33024 US		
982 TAF EMBROI he above the Stat	T STREET KE PINES, FL 3 e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
982 TAF EMBROI he above the Stat	T STREET KE PINES, FL 3 e named entity s e of Florida. RE:	ubmits this statement for the p		
982 TAF EMBROI he above the Stat	T STREET KE PINES, FL 3 e named entity s e of Florida. RE:			ed office or registered agent, or both,  Date
982 TAF EMBROI he above the Stat	T STREET KE PINES, FL 3 e named entity s e of Florida. RE:	ubmits this statement for the p	ent	
982 TAF EMBROI he above the Stat IGNATU	T STREET KE PINES, FL 3 e named entity s e of Florida.  RE: Electroni S AND DIRECT	ubmits this statement for the posterior constants of Registered Age  ORS:  Delete	ent	Date
982 TAF EMBROI he above the Stat IGNATU FFICER ttle: ame: ddress:	T STREET KE PINES, FL 3 e named entity s e of Florida.  RE: Electroni  S AND DIRECT  PD () MIZE, TERRY P.O. BOX 5788 TEXARKANA, TX	ubmits this statement for the posterior c Signature of Registered Age  ORS:  Delete  755055788  Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: TERRY MIZE PD 02/09/2005