

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 014 ****62.00

DOCUMENT # *60038540*
1. Entity Name *The Blood Remission Ministry Jesus name Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1243 Merritt St*
Suite, Apt. #, etc. *Altamonte Springs, FL*
City & State *Altamonte Springs, FL*
Zip *32701* Country *SEM. No/le*

3. Mailing Address *P.O. Box 150923*
Suite, Apt. #, etc. *Altamonte Springs, FL*
City & State *Altamonte Springs, FL*
Zip *32715* Country *SEM. No/le*

60038540 CR2E037B (8/05)

4. FEI Number *59-3653453* Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Bishop Sherman Monroe*
Street Address (P.O. Box Number is Not Acceptable) *1243 Merritt St*
City *Altamonte Springs* FL Zip Code *32701*

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 *Sherman Monroe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-3-06*

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE <i>P</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Bishop Sherman Monroe</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1243 Merritt St Altamonte Springs, FL 32701</i>
TITLE <i>V</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Bishop Robert Brown</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6033 Bolling Dr. Orlando FL 32808</i>
TITLE <i>S</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Dorothy Wilcock</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>324 Second St Orlando FL 32804</i>
TITLE <i>T</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Bishop Robert Brown</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6033 Bolling Dr Orlando FL 32808</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Sherman Monroe*

4-3-06

407.465-1070