## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N0000003715  1. Entity Name THE BLOOD REMISSION MINISTRY IN JESUS' NAME, INC.					on CED 1	8 PH 1: 0' SSEE, FLOR	9 IE IDA
Principal Place of Business 2214 S. RIO GRANDE AVE APT 265 ORLANDO, FL 32805	Mailing Address 2214 S. RIO GRANDE AVE APT 265 ORLANDO, FL 32805			  - 	<b>1</b> 011 6 1114 114011 4 1111 6 1111	ii 20126 Mill (2001 (400) Ele	NE 1 61 1981
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
22145 Bio GRANDAVR				i 100   8  ULI UU    U	801) 90(1) 8 <b>0</b> (1) 80(1)	II 85183   LLL 1868  5188  611	63 81  88
Suite, Apt. #, etc. Suite, Apt. #, etc.				09032008 Ch	g-NP C	R2E037 (12/06)	
City & State  ORLando FL	City & State			4. FEI Number 59-3653453	3	<b>⊢</b>	plied For t Applicable
Zip Country	Zíp	Zip Country		5 Cartificate of Status Pasired   \$8.75 Additional			itional
32805 ORange 6. Name and Address of Current	Registered Agent	<u>L</u>		7. Name and Addr	ess of New Regis	Fee Required	1
MORSE, BISHOP SHERMAN			Name Bushap Sterman Manag				
2214 S. RIO GRANDE APT 265			Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32805			The second secon				
			City OPLA	200		FL کے والے Code	05
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							
Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25  Due by September 12, 2008  9. Election Campaign Financi Trust Fund Contribution.				\$5.00 May Be Added to Fees		check payable to Department of St	
10. OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGE			10
TITLE P NAME MORSE, BISHOP SHERMAN	Delete	TITLE NAME	25/	45, Rid GR	Ab) nun	Change	☐ Addition
STREET ADDRESS 2214 S. RIO GRANDE AVE CITY-ST-ZIP ORLANDO, FL 32805				la - da	1	1805	
TITLE V	☐ Delete	TITLE	LA	Aplluna C	X. 10	☐ Change	Addition
NAME BROWN, BISHOP ROBERT STREET ADDRESS 6033 BOLLING DR		NAME	INFET ADDRESS				İ
CITY-ST-ZIP ORLANDO, FL 32808		CITY-S	1 4 1	lanto	Ph 3	308	
NAME S WHITOCK, SIS. DOROTHY	☐ Detete	TITLE NAME	35	.4 Second	ST	☐ Change	Addition {
STREET ADDRESS 324 SECOND ST CIFY-ST-ZIP ORLANDO, FL 32824		STREET CITY-S	ADDRESS DR	Lando	FL 3	7824	
TITLE	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			ADDRESS	5UI 03/23/I	U1362 0801014	246015 008 **62	2.00
ITRE )	Defete	TITLE	-	<del></del>		☐ Change	Addition
NAME #							i i
STREET ADDRESS		NAME STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			ADORESS IT-ZIP				
CITY-ST-ZIP TITLE	☐ Delete	STREET CITY-S TITLE				☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		STREET CITY-S TITLE NAME STREET	T-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with	☐ Delete  I this filling does not qualify to	STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS IT-ZIP  applions contained	in Chapter 119, Flori	da Statutes. I furt	ner certify that the in	formation
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp	Delete  I this filling does not qualify for the structure and accurate and that report	STREET CITY-S TITLE NAME STREET CITY-S or the exeminy signature as require	ADDRESS ST-ZIP Options contained re shall have the s	same legal effect as if	made under oath:	ner certify that the in	formation or director
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with indicated on this report or supplemental report is	Delete  I this filling does not qualify for the structure and accurate and that report	STREET CITY-S TITLE NAME STREET CITY-S or the exeminy signature as require	ADDRESS ST-ZIP Options contained re shall have the s	same legal effect as if	made under oath:	ner certify that the in	formation or director