



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000004144</b> 1. Entity Name <b>THE JESUS FOUNDATION, INC.</b>						<b>FILED</b> 05 APR 21 PM 3:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13807 EDISON AV N TAMPA, FL 33613				Mailing Address 13807 EDISON AV N TAMPA, FL 33613			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT</b> 0408200501 BEA-NE (CR2E099J6/04) 0405			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-3705026</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HELT, LAILA A 13807 N. EDISON AVE. TAMPA, FL 33613-2013				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>   Zip Code			
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 <u>Laila A. Helt</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/17/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PT HELT, LAILA A <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<b>100055212071</b>		
STREET ADDRESS	13807 N. EDISON AVE.			STREET ADDRESS	<b>05/25/05--01007--001 **297.50</b>		
CITY-ST-ZIP	TAMPA, FL 336132013			CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS	HELT, CHARLES T JR. 13807 N. EDISON AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336132013			CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS	MONTGOMERY, RUSS 807 AMBASSADOR LOOP			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336132013			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 or 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Laila A. Helt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/17/05</u> <span style="float: right;">(813) 960-2093</span> <small>Date Daytime Phone #</small>			