


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004144</b>	
1. Entity Name THE JESUS FOUNDATION, INC.	

Principal Place of Business 13807 EDISON AV N TAMPA, FL 33613	Mailing Address 13807 EDISON AV N TAMPA, FL 33613
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**DO NOT WRITE IN THIS SPACE**



06262006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3705026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

HELT, LAILA A  
13807 N. EDISON AVE.  
TAMPA, FL 33613-2013

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HELT, LAILA A 13807 N. EDISON AVE. TAMPA, FL 336132013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HELT, CHARLES T JR. 13807 N. EDISON AVE. TAMPA, FL 336132013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTGOMERY, RUSS 807 AMBASSADOR LOOP TAMPA, FL 336132013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567784  
06/30/06-80003-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Laila A. Helit* **6/26/06** **(813) 960-2093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Laila A. Helit*