


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90022 049 *****70.00

DOCUMENT # N00000004349	
1. Entity Name JESUS COMMUNITY CENTER, INC.	

Principal Place of Business 13275 SW 136 ST UNIT #10 MIAMI FL 33186	Mailing Address 13275 SW 136 ST. UNIT # 10 MIAMI FL 33186
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2. Principal Place of Business - No P.O. Box # 11450 SW 79 ST	3. Mailing Address 1550 MADRAGA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 331

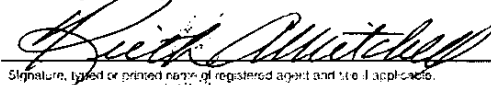
1st MOORE CR2E037 (10/07)

City & State MIAMI, FL	City & State CORAL GABLES, FL
Zip 33113	Country MIAMI-DADE
Country MIAMI-DADE	Zip 33140
Country MIAMI-DADE	Country MIAMI-DADE

4. FEI Number 65-1041328	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLIFFEN, JOHN D 10904 SW 146TH AVE. MIAMI FL 33186	
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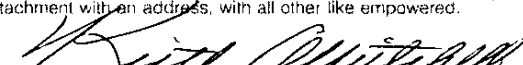
7. Name and Address of New Registered Agent Name MITCHELL, KIETH	
Street Address (P.O. Box Number is Not Acceptable) 1550 MADRAGA AVE.	
Suite, Apt. #, etc. SUITE 331	
City CORAL GABLES	Zip Code FL 33146

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 	DATE 03-15-2008

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE MD	<input type="checkbox"/> Delete
NAME BLIFFEN, JOHN D	
STREET ADDRESS 10904 SW 146TH AVE	
CITY-ST-ZIP MIAMI FL 33186	
TITLE DP	<input type="checkbox"/> Delete
NAME MITCHELL, KIETH	
STREET ADDRESS 5521 SW 65TH CT.	
CITY-ST-ZIP MIAMI FL 33155	
TITLE DP	<input type="checkbox"/> Delete
NAME UBI AS, CARL	
STREET ADDRESS 14809 SW 154TH CT.	
CITY-ST-ZIP MIAMI FL 33177	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE 03-15-2008