

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90177 015 ****61.25

DOCUMENT # N00000008261					
1. Entity Name JESUS THE WAY THE TRUTH THE LIFE, INC.					
Principal Place of Business 1942 SW ERIE ST. PORT SAINT LUCIE, FL 34953			Mailing Address 1942 SW ERIE ST. PORT SAINT LUCIE, FL 34953		
2. Principal Place of Business					
3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1004944	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, LLOYD 1942 SW ERIE ST. PORT SAINT LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, LLOYD		NAME		
STREET ADDRESS	1942 SW ERIE ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	VST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, DOREEN		NAME		
STREET ADDRESS	1942 SW ERIE ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	RD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RADIE, BARBARA		NAME		
STREET ADDRESS	142 BELMOUNT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, MOSCINE		NAME		
STREET ADDRESS	343 BRESLER COURTS		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDICLNOTOINEL, NATE		NAME	Redic, Benjamin N	
STREET ADDRESS	142 BELMOUNT CIRCLE		STREET ADDRESS	142 Belmont circle	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
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 another like empowered.					
SIGNATURE: <i>Doreen Wilson</i>			Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/15/05</i> (770) 344-0433		