
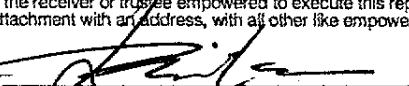


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr. 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008261</b> 1. Entity Name <b>JESUS THE WAY THE TRUTH THE LIFE, INC.</b>					
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 <b>65-1004944</b>	
5. Certificate of Status Desired <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	
WILSON, LLOYD 1942 SW ERIE ST. PORT SAINT LUCIE, FL 34953				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
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	1100000533926	
STREET ADDRESS	1942 SW ERIE ST.		STREET ADDRESS	05/06/06-60143-001 \$1.25	
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	D	<input type="checkbox"/> Delete	TITLE	<input 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	D	<input type="checkbox"/> Delete	TITLE	<input 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDIC, BENJAMIN N		NAME		
STREET ADDRESS	142 BELMONT CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34953		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 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.					
<b>SIGNATURE:</b> 			Lloyd Wilson		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
President			Days/Time Phone #		