

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 024 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1004944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **WILSON, LLOYD**
STREET ADDRESS **1942 SW ERIE ST.**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST** ☐ Delete
NAME **WILSON, DOREEN**
STREET ADDRESS **1942 SW ERIE ST.**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RADIE, BARBARA**
STREET ADDRESS **142 BELMOUNT CIRCLE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TAYLOR, MOSCINE**
STREET ADDRESS **343 BRESLER COURTS**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REDIC, BENJAMIN N**
STREET ADDRESS **142 BELMOUNT CIRCLE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Doreen Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doreen Wilson, Secretary

4/15/08 (772) 344-0433

Date

Daytime Phone #