

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008464

FILED
Apr 24, 2008
Secretary of State

Entity Name: JESUS PEOPLE LIVING WORD CHURCH, INC.

Current Principal Place of Business:

5421 WEST BEAVER STREET
SUITE 202
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6805
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3684618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAWSON, ALAN B
11249 CABOOSE COURT
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAWSON, ALAN B PRESIDE
Address: 11249 CABOOSE COURT
City-St-Zip: JACKSONVILLE, FL 32241

Title: VD () Delete
Name: DAWSON, RENNEE VP-DIR
Address: 11249 CABOOSE COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: BISHOP ISAAH S. WIL, LIAMS, JR.
Address: 16206 NW 83RD COURT
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: WILLIAMS, GLORIA Y DR.
Address: 16206 NW 83RD COURT
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: PARSONS, DAWN C MRS.
Address: 854 ONTARIO STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: AVERY, FREDERICK MR.
Address: 188 N. LAKE CUNNINGHAM AVE.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B. DAWSON

PD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date