2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N01000000564

Entity Name: JUBILEE EVANGELISM MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1118 SE 36TH AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1118 SE 36TH AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3691757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMETT, J. RANDALL
5353 SW COLLEGE RD
OCALA, FL 34474 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: D ( ) Delete
Name: MAHAN, SUSAN
Address: 1118 SE 36TH AVE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: MAHAN, JOSEPH
Address: 1118 SE 36TH AVE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: ELMORE, EVELYN
Address: 10620 SW 157TH LANE
City-St-Zip: DUNELLON, FL 34432

Title: D ( ) Delete
Name: MCCARLEY, FRANK
Address: 407 SPRING DR.
City-St-Zip: ELLIJAY, GA 305406108

Title: D ( ) Delete
Name: DEL RIO, BONNIE
Address: 1535 SE 42ND AVE
City-St-Zip: OCALA, FL 34471

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:

Title: ( ) Change ( ) Addition
Name:
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 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 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: SUSAN JOY MAHAN D 04/28/2005

Electronic Signature of Signing Officer or Director — Date