

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003792

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** JUBILEE EXPLOSION OF TRUTH MINISTRIES INC.

**Current Principal Place of Business:**

750 S. ORANGE BLOSSOM TRAIL  
SUITE 145  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 585126  
ORLANDO, FL 32858

**New Mailing Address:**

**FEI Number:** 59-3719020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAGGINS, MARY HELLEN  
2467 ATRIUM CIRCLE ORLANDO  
ORLANDO, FL 32808 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: P  
Name: HAGGINS, MARY H PASTOR  
Address: 2467 ATRIUM CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: MRS  
Name: RAPER, LUSHELL  
Address: 1539 WOOD WIND DRIVE  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: MARY HAGGINS

PAST

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date