2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009023

City-St-Zip:

Title:

Name:

Address: City-St-Zip: JACKSONVILLE, FL 32244

DOMINGO, FERNANDO

7613 CHELMSFORD DR

JACKSONVILLE, FL 32244

(X) Delete

May 01, 2006 Secretary of State

Entity Name: JESUS CARES ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE INC. OF JACKSONVILLE, FLORIDA **Current Principal Place of Business: New Principal Place of Business:** 7410 PARK CITY DR JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** P.O. BOX 14477 JACKSONVILLE, FL 32238 FEI Number: 52-2342320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SERRANO, ENRIQUE R 9093 FALLSMILL DR JACKSONVILLE, FL 32244 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROXAS, EDWIN M Name: Name: Address: 7463 PLANTATION CLUB DR Address: City-St-Zip: JACKSONVILLE, FL 322445161 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TAPNIO, LYSANDRO Name: Address: 10527 HAMPTON LANDING DR S Address: City-St-Zip: JACKSONVILLE, FL 322569085 City-St-Zip: Title: () Delete Title: (X) Change () Addition SERRANO, ENRIQUE Name: SERRANO, ENRIQUE R Name: 9093 FALLSMILL DRIVE Address: Address: 9093 FALLSMILL DRIVE City-St-Zip: JACKSONVILLE, FL 322447114 City-St-Zip: JACKSONVILLE, FL 322447114 Title: () Delete Title: () Change () Addition Name: BIO, BENJAMIN Name: 6230 LINDENWOOD CT N Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ENRIQUE R SERRANO D 05/01/2006

() Change () Addition