

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90415 020 ****61.25

DOCUMENT # N02000002459

1. Entity Name

TEAM JESUS 2000, INC.



Principal Place of Business

12070 SURREY AVE
PORT CHARLOTTE FL 33981

Mailing Address

12070 SURREY AVE
PORT CHARLOTTE FL 33981



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0615683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

CAMERON, CHARLENE
12070 SURREY AVE
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name Brenda S. Davis

Street Address (P.O. Box Number is Not Acceptable)

11472 Claggett Ave

City Port Charlotte

FL

Zip Code 33981

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

Brenda S. Davis

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE PD
NAME CAMERON, WILLIAM J
STREET ADDRESS 12070 SURREY AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Delete

TITLE SD
NAME DAVIS, BRENDA S
STREET ADDRESS 11472 CLAGGETT AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Delete

TITLE VTD
NAME CAMERON, CHARLENE
STREET ADDRESS 12070 SURREY AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charlene Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

941-475-2931

Date

Daytime Phone #