

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000002558
 1. Entity Name
JESUS CHRIST WORLD MINISTRIES INC



Principal Place of Business 333 SW 27 AVE FT LAUDERDALE, FL 33312	Mailing Address 333 SW 27 AVE FT LAUDERDALE, FL 33312
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04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 68-0500390	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORRIS, DIONNE
2699 NW 68 TERR
SUNRISE, FL 33313

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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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000942828
 05/29/08-80037-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GLORIA 2699 NW 68 TERR SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOTE, NOEL 2699 NW 68 TERR SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, DIONNE 2699 NW 68 TERR SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERSKINE, BISHOP C 10418 SOUTH NORMAL AVE. CHICAGO, IL 60628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, VERDELYN 485 E MELROSE CIRCLE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE, LOLLETA 1194 N STATE RD 7 #202 LAUDERHILL, FL 33313

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gloria White **4-29-08** (954) 5301946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #