

**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**



04282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0500390**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRIS, DIONNE  
2699 NW 68 TERR  
SUNRISE, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

(954) 5301946

Daytime Phone #