

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
09 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282008 No Chg-NP CR2E037 (4/06)

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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

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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 _____ (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

800155555868
05/06/09--01039--032 **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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-14-09 (954) 5301946
Date Daytime Phone #