

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-24-2004 90013 023 ****70.00

DOCUMENT # N02000009036					
1. Entity Name FAITH, HEALING, AND DELIVERANCE MINISTRY OF CHRIST JESUS, INC.					
Principal Place of Business 526 LONG BRANCH BLVD JACKSONVILLE FL 32206			Mailing Address 526 LONG BRANCH BLVD JACKSONVILLE FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-755638	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALL, EVELYN L 526 LONG BRANCH BLVD JACKSONVILLE FL 32206				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, EVELYN L 526 LONG BRANCH BLVD JACKSONVILLE FL 32206	Chief Apostle Evelyn L. Small 526 Long Branch Blvd. Jacksonville, Florida 32206			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMISON, JOSEPH SR 145 W 11TH ST JACKSONVILLE FL 32206	Prophetess Annie Lee Jackson 3952 Atlantic Blvd. M11 Jacksonville, Florida 32207			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GEORGIANNA 5405 PARIS AVENUE JACKSONVILLE FL 32209	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Chief Apostle Evelyn L. Small</i> February 18, 2004 (904) 514-1768					