## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N02000009036** 

## **FILED** Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90070 003 \*\*\*\*70.00

1. Entity Name FAITH, HEALING, AND DELIVERANCE MINISTRY OF CHRIST JESUS, INC.							* 0 0 5 5 7	чх			
526 LONG BRANCH BLVD 526			526 LO	iling Address 66 LONG BRANCH BLVD CKSONVILLE, FL 32206			40055798				
2. Principal P	Place of Business		3. Mailing	g Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			02132005	Chg-NP	CR2E03	7 (10/03)		
City & State		City 8	& State			4. FEI Number 01-7556	385		<del></del>	oplied For ot Applicable	
Zip			ΖΊp				5. Certificate of Status Desired   \$8.75 Additional Research Status Desired				
	6. Name and	Address of Current F	Registered				7. Name and	Address of New F	Registered A	gent	
SMALL EV	VELVNI				Na.	me .					
SMALL, EVELYN L 526 LONG BRANCH BLVD JACKSONVILLE, FL 32206				Street Address (			r is Not Acceptabl	le)			
					Cit	у			FL	Zip Cod	6
	named entity subr tions of registered a	mits this statement for agent.	the purpos	e of changing its	l registered off	ice or register	ered agent, or both	n, in the State of Fl		l amiliar with,	and accept
SIGNATURE	Signature, typed or prints	ed name of registered agent a	und title if applica	able. (NOTE:	: Registered Agent	t elignature required	ict when reinstating)		DATE		
SIGNATURE	Signature, typed or printe Filling Fee is Due by May 1	\$61.25	and title if applica	9. Election Cam Trust Fund C	paign Financ		st when reinstating) \$5.00 May Be Added to Fees		DATE flake check rida Depart		
SIGNATURE	Filing Fee is	\$61.25		9. Election Cam	paign Financ	ilng	\$5.00 May Be Added to Fees		lake check rida Depart	ment of S	tat <del>o</del>
	Filing Fee is Due by May 1	\$61.25 1, 2005 OFFICERS AND DIR		9. Election Cam	npaign Financi ontribution.	ilng	\$5.00 May Be Added to Fees	Flo	lake check rida Depart	ment of S	tat <del>o</del>
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I nereby 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.