

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90189 001 \*\*\*\*70.00

**DOCUMENT # N02000009036**

**1. Entity Name**  
**INTERNATIONAL MINISTRY OF FAITH, HEALING, AND  
DELIVERANCE OF CHRIST JESUS, INC.**



**Principal Place of Business**

**526 LONG BRANCH BLVD  
JACKSONVILLE, FL 32206**

**Mailing Address**

**P.O. BOX 6091  
St. Marys, Georgia 31558**



01152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-7556385**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

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

**SMALL, EVELYN L  
526 LONG BRANCH BLVD  
JACKSONVILLE, FL 32206**

**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, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** CA  
**NAME** SMALL, EVELYN L  
**STREET ADDRESS** 526 LONG BRANCH BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32206

**TITLE** PRPH  
**NAME** JACKSON, ANNIE L  
**STREET ADDRESS** 3952 ATLANTIC BLVD. M 11  
**CITY-ST-ZIP** JACKSONVILLE, FL 32207

**TITLE** D  
**NAME** BROWN, GEORGIANNA  
**STREET ADDRESS** 5405 PARIS AVENUE  
**CITY-ST-ZIP** JACKSONVILLE, FL 32209

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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:** *Chief Apostle Evelyn L Small*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20, 2007*  
Date

*(904) 755-2197*  
Daytime Phone #