

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90042 017 ****70.00

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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
PO BOX 6091
SAINT MARYS, GA 31558

40067660



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-7556385

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008**

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 II
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	

**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: Chief Apostle Evelyn L. Small April 11, 08 (904) 562-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #