

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000175

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** JESUS CHRIST MISSION MINISTRIES INTERNATIONAL INC

**Current Principal Place of Business:**

2065 NW 15TH PLACE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2065 NW 15TH PLACE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 65-1167558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRICE, D.J. DR.  
2065 NW 15TH PLACE  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TEXEL, DESIRE DR.  
Address: 379 BOVENOVER 1025 JS AMSTERDAM  
City-St-Zip: HOLLAND,

Title: D ( ) Delete  
Name: PRICE, D.J. DR  
Address: 2065 NW 15TH PLACE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: RUNDLE, ALBERT REV.  
Address: PO BOX 1295, BOBCAYGEON  
City-St-Zip: ONTARIO, CANADA K0M-1L0,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR DJ PRICE

D

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date