

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000439	
1. Entity Name IT'S ALL ABOUT JESUS CHURCH UNDER GOD INC.	



Principal Place of Business 4722 BRIDGEDALE RD. PENSACOLA FL 32505	Mailing Address P.O. BOX 17372 PENSACOLA FL 32522
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 36-4510270	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERKINS, FRANCES M 6626 HAMPTON ROAD PENSACOLA FL 32505

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P PERKINS, FRANCES M 6626 HAMPTON ROAD PENSACOLA FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S HENDERSON, SHANDALA M 6030 HILBURN ROAD APT 307 PENSACOLA FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T DAVIS, BARBARA A 4722 BRIDGEDALE ROAD PENSACOLA FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
CTRD DAVIS, RONNIE LEE 4722 BRIDGEDALE RD. PENSACOLA FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
V PERKINS, GRADY EARL 6626 HAMPTON ROAD PENSACOLA FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
U00000475235 04/05/06-80007-015 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Barbara Ann Perkins* **3-16-06** **850-456-0600**