

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90040 004 ****70.00

DOCUMENT # N03000000843

1. Entity Name

JESUS IN DOMINION MINISTRIES, INC.



Principal Place of Business

13614 LARAWAY DRIVE
RIVERVIEW FL 33569

Mailing Address

13614 LARAWAY DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

11900 N. Nebraska Ave
Ste 5

3. Mailing Address

13614 Laraway Dr.
Riverview FL

City & State

Tampa, FL

City & State

Riverview FL

Zip

33612

Country

US

Zip

33569

Country

US

4. FEI Number

75-3104951

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

SMITH, KIRK
13614 LARAWAY DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SMITH, KIRK
STREET ADDRESS 13614 LARAWAY DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete
NAME BRADFORD, RONALD
STREET ADDRESS 3705 E. LAMBRIGHT STREET
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ Delete
NAME SMITH, VENESSA
STREET ADDRESS 13614 LARAWAY DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby 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.

SIGNATURE:

Kirk R. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04
Date

(813) 417-7523
Daytime Phone #