2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2005 8:00 am **DOCUMENT # N03000001148 Secretary of State** 1. Entity Name IN THE NAME OF JESUS CHURCH OF CHRIST, INC. 01-12-2005 90007 024 ****70.00 Principal Place of Business Mailing Address 719 LINDSEY PL 719 LINDSEY PL LAKE WALES, FL 33853 LAKE WALES, FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Cha-NP CR2E037 (10/03) 4. FEI Number APPLIED FOR City & State City & State Applied For Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL-& UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD TITLE ☐ Delete MILE ☐ Change Addition DECOSEY, HARRY J NAME NAME 719 LINDSEY PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES, FL 33853 ☐ Change ☐ Addition TITLE ☐ Delete IIII F DECOSEY, ROBERT D NAME NAME 719 LINDSEY PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ☐ AddItion DECOSEY, DESSIE M NAME NAME STREET ADDRESS 7.19.LINDSEY-PL-STREET ADDRESS CITY-ST-7IP LAKE WALES, FL 33853 CITY-ST-ZIP TITLE ☐ Delete MLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

address, with all other like empowered.

FILED