## **DOCUMENT # N03000001148**



## FILED Apr 03, 2006 8:00 am

IN THE NAME OF JESUS CHOROLI OF CHRIST, INC.				Secretary of State			
Principal Plac	A OF Rusiness	Mailing Address	1	03	-21-2006 90048 02	0 ****7	0.00
Principal Place of Business Mailing Address 719 LINDSEY PL LAKE WALES, FL 33853 LAKE WALES, FL 338							
				θηηηστα⊷			
2. Principal P	tace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132006 Ch	g-NP CR2E037	(11/05)	
City & State		City & State		4. FEI Number APPLIED FO		C 18	oplied For ot Applicable
Zip	Country 3	Zip	Country	5. Certificate of Sta	tus Desired	8.75 Add	litional d
	6. Name and Address of Current i	Registered Agent		7. Name and Addr	ess of New Registered Ag	ent	
SPIEGEL	& UTRERA, P.A.		Name				
1840 SW 2 4TH FLOC	22ND ST.		Street Address	(P.O. Box Number is N	of Acceptable)		
MIAMI, FL		٠.					
*			City		FL	Zip Cod	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in t	he State of Florida. I am fai	niliar with,	and accept
		_					
SIGNATURE	Signature, typed or printed name of registered agent a	and blind nonfeable (NOTF)	Registered Agent signeture require	al when trivetebres	DATE		<del></del>
							<del></del>
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2006 Trust Fund Co				\$5.00 May Be Added to Fees	Make check p Florida Departm		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	10
TITLE NAME	PTD   DECOSEY, HARRY J	☐ Delete	(ITLE NAME		C	] Change	☐ Addition
STREET ADDRESS	719 LINDSEY PL		STREET ADDRESS				
CITY-ST-ZDP	LAKE WALES, FL 33853		CITY-ST-ZIP				
TITLE NAME	VD Decosey, robert D	Delete	TITLE NAME		ι	_ Change	Addition
STREET ADDRESS	719 LINDSEY PL		STREET ADDRESS				
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP				
TITLE NAME	DECOSEY, DESSIE M	C Defete	TITLE NAME		[	Change	Addition
STREET ADDRESS	719 LINDSEY PL		STREET ADDRESS				
CITY-S1-ZIP	LAKE WALES, FL 33853	<u> </u>	CITY-ST-ZIP		·		
TITLE NAME		☐ Delete	TITLE NAME		ſ	Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZEP		·	CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE		C	Change	■ Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP		_ ÷	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		C	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	certify that the information supplied with	this filling does not qualify for t	he exemptions contained	d in Chanter 119 Florid	la Statutes I further certify	that the in	lecensiae.

Interest certify that the information supplied with the filling close not quality for the exemptions contained in Chapter 119, Fordica Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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.

GNATURE:

SEMATURE AND TYPED OR PRINTED NAME OF BURNING OFFICER OR PRECTOR

Design From F.

SIGNATURE:

3-17-06 863-521-6011