2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2005
Secretary of State

DOCUMENT# N03000004498

Entity Name: JESUS CARES MINISTRY, INC.

Current Principal Place of Business:

8002 FERNVIEW LANE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8002 FERNVIEW LANE
TAMPA, FL 33615

New Mailing Address:

P.O.BOX 260505
TAMPA, FL 33685

FEI Number: 51-0480558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, LUIS
8002 FERNVIEW LANE
TAMPA, FL 33615 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: LEON, LUIS
Address: 8002 FERNVIEW LANE
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: LEON, MAYRA
Address: 8002 FERNVIEW LANE
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: LUGO, ZENAIDA
Address: 2109 BERKLEY DRIVE
City-St-Zip: VINELAND, NJ 08361

Title: D ( ) Delete
Name: PAGAN, ROBERT
Address: 13 7TH AVENUE
City-St-Zip: PASSAIC, NJ 07055

Title: D ( ) Delete
Name: PAGAN, NANCY
Address: 13 7TH AVENUE
City-St-Zip: PASSAIC, NJ 07055

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:

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: LUIS A LEON REV 02/06/2005
Electronic Signature of Signing Officer or Director — Date