2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004498

Entity Name: JESUS CARES MINISTRY, INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4717 CRESTHILL DRIVE 12480 FLEURY COURT TAMPA, FL 33615 BROOKSVILLE, FL 34613

Current Mailing Address: 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: Name and Address of New Registered Agent:

LEON, LUIS

8002 FERNVIEW LANE
TAMPA, FL 33615 US

LEON, LUIS
12480 FLEURY COURT
BROOKSVILLE, FL 34613 US

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: 02/22/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: LEON, LUIS PASTOR

 Name:
 LEON, LOIS
 Name:
 LEON, LOIS FASTOR

 Address:
 8002 FERNVIEW LANE
 Address:
 12480 FLEURY CT

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:
 BROOKSVILLE, FL 34613

Title: D () Delete Title: D (X) Change () Addition Name: LEON, MAYRA PASTOR

 Address:
 8002 FERNVIEW LANE
 Address:
 12480 FLEURY CT

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:
 BROOKSVILLE, FL 34613

Title: D () Delete Title: O (X) Change () Addition Name: LUGO, ZENAIDA Name: PAGAN, ROBERT PASTOR

 Address:
 2109 BERKLEY DRIVE
 Address:
 13 7TH AVENUE

 City-St-Zip:
 VINELAND, NJ 08361
 City-St-Zip:
 PASSAIC, NJ 07055

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 PAGAN, NANCY SEC

 Address:
 Address:
 13 7TH AVENUE

 City-St-Zip:
 City-St-Zip:
 PASSAIC, NJ 07055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 D 02/22/2007