

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90002 040 ****70.00

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1. Entity Name
AIRWAVES FOR JESUS, INC.



Principal Place of Business

**4050 COLONIAL BLVD.
FORT MYERS, FL 33906**

Mailing Address

**557 WEDGEWOOD WAY
NAPLES, FL 34119**

50002089



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0045175

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, ART
557 WEDGEWOOD WAY
NAPLES, FL 34119**

**DO NOT WRITE
IN THIS SPACE**

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 of Art Ramos]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RAMOS, ART
557 WEDGEWOOD WAY
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RAMOS, JASMIN
557 WEDGEWOOD WAY
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Bill DATTILO
9186 COACHHOUSE LANE
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
JACK CHASTAIN
3351 MARINATOWN LANE ST#100
FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signatures of Art Ramos and Jasmin Ramos]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05 239-455-8902

Date

Daytime Phone #