

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004513

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**



01192006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMOS, ART
STREET ADDRESS	557 WEDGEWOOD WAY
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V
NAME	RAMOS, JASMIN
STREET ADDRESS	557 WEDGEWOOD WAY
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	CHASTAIN, JACK
STREET ADDRESS	3351 MARINATOWN LANE ST #100
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000399557
02/01/06-80017-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 239-348-8590
Date Daytime Phone #