

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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**



01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-0045175

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	BATILLO, BILL
STREET ADDRESS	9186 COACH HOUSE LANE
CITY-ST-ZIP	ESTERO, FL 33928
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	
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #