


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90049 002 ****61.25

DOCUMENT # N03000006520
 1. Entity Name
JESUS NUCLEAR FIRE PUBLISHERS INC.




Principal Place of Business Mailing Address
 2713 73RD STREET 2713 73RD STREET
 WEST LEHIGH ACRES WEST LEHIGH ACRES
 FT. MYERS FL 33971 FT. MYERS FL 33971

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
 16-1679230 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALLELUYAH, KINGZZY
1173 LAKE MCGREGOR DRIVE
FT MYERS FL 33919

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALLELUYAH, KINGZZY	
STREET ADDRESS	1173 LAKE MCGREGOR DRIVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPECHT, SUZANNE	
STREET ADDRESS	12751 W LINDS DR BLD 3 UNIT 7	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	OKON, AFFI	
STREET ADDRESS	58-03 CALLOWAY ST APT 5MM	
CITY-ST-ZIP	REGO PARK NY 11368	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTY, ZOILA	
STREET ADDRESS	98 VAN CORTLANDT PARK SOUTH	
CITY-ST-ZIP	BRONX NY 10463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, VIRGINIA	
STREET ADDRESS	6010 NORTH WEST 20TH AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE GIBBS	
STREET ADDRESS	1845 E. 52ND ST.	
CITY-ST-ZIP	BROOKLYN, NY 11234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELINA SMITH	
STREET ADDRESS	2713 73RD ST. WEST LEHIGH ACRES	
CITY-ST-ZIP	FT. MYERS, FLA. 33971	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANTALE BRIMAIS	
STREET ADDRESS	4121 ALVADA LANE	
CITY-ST-ZIP	COLUMBUS, OHIO 43232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES WRIGHT	
STREET ADDRESS	1521 SW 49TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FLA. 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kingzy Halleluayah* 3/14/05 718-573-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #