2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # N0300008359 1. Entity Name JESUS MINISTRY BIBLE SCHOOL, INC.									Creta 1-23-2004 9	_			
Principal Place of Business 14820 NW 5TH AVE MIAMI, FŁ 33161			14820 !	Mailing Address 14820 NW 5TH AVE MIAMI, FL 33161			9.						
2. Principal Place of Business						1,0							
Suite, Apt. #-etc.			Suite,	- 5	Ave		04182004 Chg-NP CR2E037 (10/03)						
Man, F/2			Mami, Ha.					542143931 Not A			oplied For ot Applicable		
3316	6. Name and Addre	Xe_	Zip 33/	6/ Joent	25	untry de		5. Certificate of St 7. Name and Add			\$8.75 Add Fee Require		
-JOSEPH, GUETIE-P — 14820 NW 5TH AVE MIAMI, FL 33161							Name Street Address (P.O. Box Number is Not Acceptable)						
										FL	Zip Cod		
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 SIGNATUR													
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign F Trust Fund Contribution								\$5.00 May Be Added to Fees			payable to ment of S		
10.		RECTORS	CTORS 11.			Α	DDITIONS/CHANG	ES TO OFFICER	S AND DIR	ECTORS IN	l 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSEPH, GUETIE I 14820 NW 5TH AVE MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
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.													
SIGNAT	URE: LOW	E AND TYPED OR PI	HITED NAME OF	SIGNING OFFICER	OR DIRECT	Sve	tiè	e KJOS	Off P	\/21 Day	me Phone's	·	

B) . 305 949-8597