

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-13-2005 90026 001 ***183.75

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1. Entity Name

JESUS MINISTRY BIBLE SCHOOL, INC.



Principal Place of Business

14820 NE 5 AVE.
MIAMI, FL 33161

Mailing Address

14820 NE 5 AVE.
MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE



05262005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

54-2143931

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, GUETIE P
14820 NW 5TH AVE
MIAMI, FL 33161

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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

Guette P Joseph Guetie P. Joseph 07/03/05

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 September 7, 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
DP
JOSEPH, GUETIE P
14820 NW 5TH AVE
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HYACINTH, CARIA
14820 NW 5TH AVE
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TECHLINE, MATHIEU
20561 NE 6TH CT
MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, and all other like empowered.

SIGNATURE:

Guette P Joseph Guetie P. Joseph 07/03/05

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Daytime Phone #