

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003333

1. Entity Name  
JESUS LIVES MINISTRY, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 17 AM 9:55

Principal Place of Business  
6721 LONGHORN DR.  
TALLAHASSEE, FL 32311

Mailing Address  
6721 LONGHORN DR.  
TALLAHASSEE, FL 32311



2. Principal Place of Business - No P.O. Box #  
2849 C. Applebee

3. Mailing Address  
P.O. Box 6869

Suite, Apt. #, etc.  
# C

Suite, Apt. #, etc.

City & State

City & State  
Tallahassee

Zip Country

Zip Country  
32311 USA

04172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
86-1119108

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROBINSON, JACQUELYN D  
6721 LONGHORN DR  
TALLAHASSEE, FL 32311

## 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

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

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME ROBINSON, JACQUELYN D ☐ Delete  
STREET ADDRESS 6721 LONGHORN DR  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D  
NAME ROBINSON, CHARLES A ☐ Delete  
STREET ADDRESS 6721 LONGHORN DR  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D  
NAME BELL, MARIO B ☐ Delete  
STREET ADDRESS 6721 LONGHORN DR  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ST  
NAME ROBINSON, ERICKA C ☐ Delete  
STREET ADDRESS 6721 LONGHORN DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

500123866245  
04/17/08--01007--004 \*\*70.00

4-17-08