

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N04000008418

1. Entity Name
JEHOVAH JIRE BAPTIST MISSION INTERNATIONAL INC.



Principal Place of Business
**5713 AUTUMN RIDGE ROAD
GREENACRES, FL 33463**

Mailing Address
**5713 AUTUMN RIDGE ROAD
GREENACRES, FL 33463**



04302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2160637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DORCIN, JOCELYN
5713 AUTUMN RIDGE ROAD
GREENACRES, FL 33463**

**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 must be printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DORCIN, JOCELYN
STREET ADDRESS	5713 AUTUMN RIDGE ROAD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	D
NAME	FRANCOIS, MIRVA
STREET ADDRESS	1239 BENOIST FARMS RD 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	DORCIN, GERTA
STREET ADDRESS	5713 AUTUMN RIDGE ROAD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	D
NAME	FRANCOIS, ERIC
STREET ADDRESS	1239 BENOIST FARMS RD 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	DORCIN, MYRTHA
STREET ADDRESS	1821 N JOG #104
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000780272
05/25/07-80005-011 61.25

**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 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 name of signing officer or director)

04-26-07
Date Daytime Phone #