

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90024 022 ****70.00

DOCUMENT # N04000010774						
1. Entity Name JESUS IS THE ANSWER TEMPLE OF PRAISE MINISTRIES, INC.						
Principal Place of Business 21143 SW 125 CT RD MIAMI, FL 33177			Mailing Address 21143 SW 125 CT RD MIAMI, FL 33177			
2. Principal Place of Business 21143 SW 125 CT Rd. Suite, Apt. #, etc. #		3. Mailing Address 21143 SW 125 CT Rd. Suite, Apt. #, etc.				
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 30-0324115		
Zip 33177		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLLOWAY, JACQUELYN 21143 SW 125 CT RD MIAMI, FL 33177				7. Name and Address of New Registered Agent Name: <u>same as listed</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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: <u>Jacqueline Holloway</u> (NOTE: Registered Agent signature required when renouncing) DATE: <u>7-5-05</u>						
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME HOLLOWAY, JACQUELYN		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 21143 SW 125 CT RD	CITY-ST-ZIP MIAMI, FL 33177			STREET ADDRESS 2715 SW 112 CT	CITY-ST-ZIP Miami, Florida 33170	
TITLE V	NAME JONES, ANNIE		<input checked="" type="checkbox"/> Delete	TITLE S	NAME MCCULLOR, DEMETRA	
STREET ADDRESS 27016 SW 127TH AVE	CITY-ST-ZIP MIAMI, FL 33032			STREET ADDRESS 21143 SW 125 CT RD	CITY-ST-ZIP MIAMI, FL 33177	
TITLE S	NAME MCCULLOR, DEMETRA		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 21143 SW 125 CT RD	CITY-ST-ZIP MIAMI, FL 33177			STREET ADDRESS 21143 SW 125 CT RD	CITY-ST-ZIP MIAMI, FL 33177	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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.						
SIGNATURE: <u>Jacqueline Holloway</u>				X <u>7-5-05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		