

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011286

FILED  
Jul 04, 2005  
Secretary of State

Entity Name: JESUS' HOUSE OF COMEDY, INC.

**Current Principal Place of Business:**

18120 NW 5TH AVENUE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18120 NW 5TH AVENUE  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 56-2490300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMAS-MCDOWD, FELICIA  
18120 NW 5TH AVENUE  
MIAMI, FL 33169      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: THOMAS-MCDOWD, FELICIA  
Address: 18120 NW 5TH AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: VP      ( ) Delete  
Name: THOMAS, MARGARET  
Address: 19725 NE 6TH PLACE  
City-St-Zip: MIAMI, FL 33169

Title: S      ( ) Delete  
Name: THOMAS, TRANEISE  
Address: 19145 NE 37TH AVENUE  
City-St-Zip: CAROL CITY, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA THOMAS-MCDOWD

P

07/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date