## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011340

Title:

Name:

Address: City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Na	me: JESUS IN	I ACTION MINISTRIES INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	/ 284 ST #05 EAD, FL 33033	l		
Current Mailing Address:			New Mailing Address:	
	/ 284 ST #05 EAD, FL 33033	1		
FEI Number	r: 42-1653986	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	THONY / 284 ST #05 EAD, FL 33033	3 US		
	e named entity s e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () TAFT, ANTHON' 15334 SW 284 HOMESTEAD, F	ST #05	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () TAFT, MICHELL 15334 SW 284 HOMESTEAD, F	ST #05	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () BROWN, LATAN 26211 SW 123 HOMESTEAD, F	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () WARD, ANGELI 11977 SW 268 NARANJA, FL 3	TERR	Title: Name: Address: Citv-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY TAFT P 04/28/2009

( ) Delete

1200 NORTH LIBERTY AVE APT L

HOMESTEAD, FL 33034

BAKER, DIANE

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