

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003156

FILED
Apr 30, 2007
Secretary of State

Entity Name: JESUS IS THE WAY HEALING CENTER INC.

Current Principal Place of Business:

800 WEST OAKLAND PARK BLVD.
SUITE 303
WILTON MANNERS, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101472
FT. LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 52-2456233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, LONNIE B DP
5751 BLUEBERRY COURT
LAUDERHILL, FL 33313 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: DP () Delete
Name: JOHNSON, LONNIE B.
Address: 5751 BLUEBERRY CT.
City-St-Zip: LAUDERHILL, FL 33313

Title: DS () Delete
Name: PORTER, KESHA L.
Address: 490 PRINCESS DRIVE
City-St-Zip: MARGATE, FL 33068

Title: DT () Delete
Name: JOHNSON, TAWANA R.
Address: 651 NW 18TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: DVP () Delete
Name: JOHNSON, SUSIE A.
Address: 5751 BLUEBERRY CT.
City-St-Zip: LAUDERHILL, FL 33313

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:

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

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.

SIGNATURE: SUSIE A. JOHNSON

DVP

04/30/2007

Electronic Signature of Signing Officer or Director

Date