

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 002 ****70.00

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1. Entity Name

THE JESUS CLINIC, INC.



Principal Place of Business

1133 SIXTH STREET
DAYTONA BEACH FL 32117

Mailing Address

1133 SIXTH STREET
DAYTONA BEACH FL 32117



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-3327354

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMER, WILLIAM L M.D.
1133 SIXTH STREET
DAYTONA BEACH FL 32117

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GILMER, WILLIAM L M.D.
PO BOX 9006
DAYTONA BEACH FL 32120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
904 PENINSULA DR.
ORMOND BEACH, FL. 32176

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
GILMER, PAMELA J R.N.
PO BOX 9006
DAYTONA BEACH FL 32120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
904 PENINSULA DR.
ORMOND BEACH, FL. 32176

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BOLLES, ELIZABETH H
272 RIVERBEND RD
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BAYER, DENNIS K
306 S OCEANSIDE BLVD
FLAGLER BEACH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MARSHALL, EDWARD I
35 BROOKWOOD DR
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 entries.

SIGNATURE:

William L. Gilmer

William L. Gilmer, MD
Medical Director
Jesus Clinic

3-9-8

386-253-6959