

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007580

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE JESUS CLINIC, INC.

Current Principal Place of Business:

1133 SIXTH STREET
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1133 SIXTH STREET
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-3327354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILMER, WILLIAM L.M.D.
1133 SIXTH STREET
DAYTONA BEACH, FL 32117 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: GILMER, WILLIAM L.M.D.
Address: 904 PENINSULA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: GILMER, PAMELA J R.N.
Address: 904 PENINSULA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BOLLES, ELIZABETH H
Address: 272 RIVERBEND RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: BAYER, DENNIS K
Address: 306 S OCEANSIDE BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: MARSHALL, EDWARD I
Address: 35 BROOKWOOD DR
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: WILLIAM L. GILMER

P

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date