

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007580

FILED  
Jan 06, 2010  
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 ( )**

**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  
Name: GILMER, WILLIAM L.M.D.  
Address: 904 PENINSULA DR  
City-St-Zip: ORMOND BEACH, FL 32176

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. GILMER

MD

01/06/2010

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

\_\_\_\_\_  
Date