

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006882

FILED  
Jul 16, 2007  
Secretary of State

Entity Name: JESUS CHRIST INSTITUTE INC.

## Current Principal Place of Business:

207 RACHEL ST., APT. 3  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

207 RACHEL ST., APT. 3  
MELBOURNE, FL 32901

## New Mailing Address:

FEI Number: 22-3934420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

TROCHE, ADAM  
207 RACHEL ST., APT. 3  
MELBOURNE, FL 32901      US

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: PD      ( ) Delete  
Name: TROCHE, ADAM M  
Address: 207 RACHEL ST., APT. 3  
City-St-Zip: MELBOURNE, FL 32901

Title: VD      ( ) Delete  
Name: MEDINA, ROB  
Address: 881 ERFURT NW  
City-St-Zip: PALM BAY, FL 32907

Title: S      (X) Delete  
Name: AYALA, ISAAC  
Address: 1514 CLEARLAKE RD., UNIT 134  
City-St-Zip: COCOA, FL 32922

Title: T      ( ) Delete  
Name: TROCHE, ADAM JR.  
Address: 207 RACHEL ST., APT. 3  
City-St-Zip: MELBOURNE, FL 32901

## 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: ADAM TROCHE

PD

07/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date