

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009382

FILED  
Sep 12, 2008  
Secretary of State

Entity Name: HIM JESUS INTERNATIONAL INC.

## Current Principal Place of Business:

438 NORTH WEST 20TH AVE  
FORT LAUDERDALE, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

409 NORTH WEST 20TH AVE  
FORT LAUDERDALE, FL 33311

## New Mailing Address:

FEI Number: 20-5309556      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:

DOCUMENTS CENTER INC.  
7014 NORTH WEST 79TH AVE  
TAMARAC, FL 33321 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: DP ( ) Delete  
Name: WILKERSON, LINDA D  
Address: 409 NORTHWEST 20TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DV ( ) Delete  
Name: WILKERSON, TRAYCE  
Address: 2041 SOUTH WEST 33RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DT ( ) Delete  
Name: WILKERSON, CHARLES  
Address: 438 NORTHWEST 20TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS ( ) Delete  
Name: JACKSAINT, TIFFANY R  
Address: 5781 RIVERSIDE DRIVE #202  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: WILKERSON, DALE W  
Address: 438 NORTH WEST 20TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: BROOKS, PATRICIA A  
Address: 2436 NORTH WEST 27TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

## 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:

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: BETTY J. GILMORE

RA

09/12/2008

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

\_\_\_\_\_  
Date