

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90013 029 \*\*\*\*70.00

<b>DOCUMENT # N20626</b> 1. Entity Name <b>CHURCH OF ETERNITY IN CHRIST JESUS INC.</b>			
Principal Place of Business <b>2911 NW 25 STREET FT. LAUDERDALE, FL 33311</b>		Mailing Address <b>2931 N.E. 11TH TERR GAINESVILLE, FL 32609 US</b>	
2. Principal Place of Business <b>N/A</b>		3. Mailing Address <b>2931 NE 11th Terr.</b>	
Suite, Apt. #, etc. <b>N/A</b>		Suite, Apt. #, etc. <b>N/A</b>	
City & State <b>Gainesville, Florida</b>		City & State <b>Gainesville</b>	
Zip <b>32609</b>		Zip <b>32609</b>	
Country <b>US</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>MCQUEEN, ROEBUCK 2911 NW 25 STREET FT. LAUDERDALE, FL 33311</b>		7. Name and Address of New Registered Agent Name <b>Rosa Lee McQueen</b> Street Address (P.O. Box Number is Not Acceptable) <b>2931 NE 11th Terr.</b> City <b>Gainesville</b> FL Zip Code <b>32609</b>	
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: <b>Rose L McQueen</b> DATE: <b>6-23-06</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	Delete <input checked="" type="checkbox"/>	NAME <b>MCQUEEN, ROSA LEE</b> STREET ADDRESS <b>2911 NW 25 STREET</b> CITY- ST- ZIP <b>FT. LAUDERDALE, FL 32609</b>
TITLE	TD	Delete <input checked="" type="checkbox"/>	NAME <b>GREEN, ROSEMARY</b> STREET ADDRESS <b>2931 NW 25 STREET</b> CITY- ST- ZIP <b>FT. LAUDERDALE, FL</b>
TITLE	D	Delete <input checked="" type="checkbox"/>	NAME <b>JONES, WILLIE M.</b> STREET ADDRESS <b>626 SW 147 AVE., #110</b> CITY- ST- ZIP <b>FT. LAUDERDALE, FL</b>
TITLE	S	Delete <input checked="" type="checkbox"/>	NAME <b>CARR, BERNICE</b> STREET ADDRESS <b>425 SW 4TH AVE. #504</b> CITY- ST- ZIP <b>FT LAUDERDALE, FL 33311</b>
TITLE	B	Delete <input checked="" type="checkbox"/>	NAME <b>JENKINS, JEROME</b> STREET ADDRESS <b>2931 NE 11TH TERRACE</b> CITY- ST- ZIP <b>GAINESVILLE, FL 32609</b>
TITLE		Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY- ST- ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> NAME <b>R. MCQUEEN, ROSA LEE</b> STREET ADDRESS <b>2931 NE 11th Terr.</b> CITY- ST- ZIP <b>Gainesville, FL 32609</b>			
Change <input type="checkbox"/> Addition <input type="checkbox"/> NAME STREET ADDRESS CITY- ST- ZIP			
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Change <input type="checkbox"/> Addition <input type="checkbox"/> NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered. SIGNATURE: <b>Rose L McQueen</b> DATE: <b>6-5-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66020603



05242006 Chg-NP CR2E037 (4/06)

4. FEI Number  
NOT APPLICABLE

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

MCQUEEN, ROEBUCK  
2911 NW 25 STREET  
FT. LAUDERDALE, FL 33311

Name **Rosa Lee McQueen**

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

**2931 NE 11th Terr.**

City **Gainesville**

FL

Zip Code

**32609**

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SIGNATURE: **Rose L McQueen**

DATE: **6-23-06**

Filing Fee is \$61.25  
Due by September 6, 2006

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 PD  
NAME MCQUEEN, ROSA LEE  
STREET ADDRESS 2911 NW 25 STREET  
CITY- ST- ZIP FT. LAUDERDALE, FL 32609

TITLE PD  
NAME R. MCQUEEN, ROSA LEE  
STREET ADDRESS 2931 NE 11th Terr.  
CITY- ST- ZIP Gainesville, FL 32609

TITLE TD  
NAME GREEN, ROSEMARY  
STREET ADDRESS 2931 NW 25 STREET  
CITY- ST- ZIP FT. LAUDERDALE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME JONES, WILLIE M.  
STREET ADDRESS 626 SW 147 AVE., #110  
CITY- ST- ZIP FT. LAUDERDALE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE S  
NAME CARR, BERNICE  
STREET ADDRESS 425 SW 4TH AVE. #504  
CITY- ST- ZIP FT LAUDERDALE, FL 33311

TITLE  
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CITY- ST- ZIP

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NAME JENKINS, JEROME  
STREET ADDRESS 2931 NE 11TH TERRACE  
CITY- ST- ZIP GAINESVILLE, FL 32609

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SIGNATURE: **Rose L McQueen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **6-5-06**

Date

Daytime Phone #