


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 08:00 AM
Secretary of State

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N28078 1. Entity Name ASSEMBLY OF JESUS CHRIST INC. |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 1212 N. 25TH ST. FORT PIERCE FL 34950 | Mailing Address 307 S. 14TH ST. FT. PIERCE FL 34950 |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|

| | | | |
|--------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 65-0047539 | <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SANDERS, VERNETTA
307 S. 14TH STREET
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** | Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 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 | V <input type="checkbox"/> Delete |
| NAME | SANDERS, VERNETTA |
| STREET ADDRESS | 307 S. 14TH STREET |
| CITY-ST-ZIP | FORT PIERCE FL 34950 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ROBINSON, OSSIE |
| STREET ADDRESS | 1509 EDGEWOOD TERR APT A |
| CITY-ST-ZIP | FORT PIERCE FL 34950 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | JACOBS, PEGGY |
| STREET ADDRESS | 1214 S. 12TH STREET |
| CITY-ST-ZIP | FORT PIERCE FL 34950 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MILLER, MITCHELL |
| STREET ADDRESS | 2479 ATLANTIS DRIVE APT 1 |
| CITY-ST-ZIP | FORT PIERCE FL 34981 |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | SANDERS, LORENZIA |
| STREET ADDRESS | 307 S. 14TH STREET |
| CITY-ST-ZIP | FT. PIERCE FL 34950 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | HART, MARY |
| STREET ADDRESS | 1703 N. 43RD STREET |
| CITY-ST-ZIP | FORT PIERCE FL 34947 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000055224 |
| CITY-ST-ZIP | 02/17/04-80029-007 8.75 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000055224 |
| CITY-ST-ZIP | 02/17/04-80029-008 61.25 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lorenzia Sanders* 2/13/04 **Lorenzia Sanders 772 4953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #