



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 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 Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
		 1st MOORE CR2E037 (10/04)	
		4. FEI Number 65-0047539	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input checked="" type="checkbox"/> V <input type="checkbox"/> Delete NAME: SANDERS, VERNETTA STREET ADDRESS: 307 S. 14TH STREET CITY-ST-ZIP: FORT PIERCE FL 34950	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete NAME: ROBINSON, OSSIE STREET ADDRESS: 1509 EDGEWOOD TERR APT A CITY-ST-ZIP: FORT PIERCE FL 34950	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> T <input type="checkbox"/> Delete NAME: JACOBS, PEGGY STREET ADDRESS: 1214 S. 12TH STREET CITY-ST-ZIP: FORT PIERCE FL 34950	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete NAME: MILLER, MITCHELL STREET ADDRESS: 2479 ATLANTIS DRIVE APT 1 CITY-ST-ZIP: FORT PIERCE FL 34981	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> P <input type="checkbox"/> Delete NAME: SANDERS, LORENZIA STREET ADDRESS: 307 S. 14TH STREET CITY-ST-ZIP: FT. PIERCE FL 34950	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input checked="" type="checkbox"/> S <input type="checkbox"/> Delete NAME: HART, MARY STREET ADDRESS: 1703 N. 43RD STREET CITY-ST-ZIP: FORT PIERCE FL 34947	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)(f), 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: <i>Lorenzia Sanders Lorenzia Sanders</i>		Date: <i>2/15/05</i> Daytime Phone #: <i>772-812-9094</i> <i>772-466-4953</i>	