


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90162 001 \*\*\*\*61.25  
02-17-2006 90162 002 \*\*\*\*\*8.75

**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: \_\_\_\_\_ Country: \_\_\_\_\_

1st MOORE CR2E037 (10/05)  
4. FEI Number: **65-0047539**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$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, 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

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MITCHELL	
STREET ADDRESS	1357 OAK MONT	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34982	
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 exemptions contained in Section 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: *Lorenzia Sanders* **Lorenzia Sanders 2/6/06**