


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90053 001 \*\*\*\*61.25  
01-26-2007 90053 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when retaining)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **65-0047539**  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST / ZIP	V SANDERS, VERNETTA 307 S. 14TH STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	D ROBINSON, OSSIE 1509 EDGEWOOD TERR APT A FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	OSSIE ROBINSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1219 AVE. L. FORT PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY ST / ZIP	T JACOBS, PEGGY 1214 S. 12TH STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	PEGGY JACOBS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 S. 12th St. FORT PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY ST / ZIP	D MILLER, MITCHELL 1357 OAK MONT PORT SAINT LUCIE FL 34987 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	MITCHELL MILLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1357 OAK MONT LANE PORT SAINT LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY ST / ZIP	P SANDERS, LORENZIA 307 S. 14TH STREET FT. PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	S HART, MARY 1703 N. 43RD STREET FORT PIERCE FL 34947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 1-22-07 772 406 4953