


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

FILED
Mar 22, 2006 8:00 am
Secretary of State


03-22-2006 90010 018 ****66.25

DOCUMENT # N30094	
1. Entity Name HOLY CHURCH OF JESUS CHRIST INC.	

Principal Place of Business 12385 N.W. 17TH AVENUE MIAMI FL 33167 US	Mailing Address P.O. BOX 380306 MIAMI FL 33238-0306 US
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2. Principal Place of Business 112-118 N.W. PERVIZAR	3. Mailing Address Same The Above
Suite, Apt. #, etc. 0 PALOCA FL 33054	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
4. FEI Number 65-0275842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent GEORGES, JEAN N 12385 N W 17TH AVENUE NORTH MIAMI FL 33167	
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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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEORGES, JEAN N			NAME			
STREET ADDRESS	12385 N.W. 17TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUSANA, JOSEPH			NAME			
STREET ADDRESS	289 N.W. 108TH TER.			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33168			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEORGES, JULMENE D			NAME			
STREET ADDRESS	12385 N.W. 17TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORLANDO, SERGE			NAME			
STREET ADDRESS	4074 PALM BEACH			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33331			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREGORY, JEAN-PIERRE			NAME			
STREET ADDRESS	1310 NE 127ST # 5			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33161			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 