

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90030 033 \*\*\*\*61.25

**DOCUMENT # N35096.**

1. Entity Name

THE EXCELLENT NAME OF JESUS, INC.



Principal Place of Business

6557 LEONA ST  
JACKSONVILLE, FL 32219 US

Mailing Address

6557 LEONA ST.  
JACKSONVILLE, FL 32219

**DO NOT WRITE IN THIS SPACE**



06072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2979965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUCIO, ROSA MARY  
6542 LEONA ST  
JACKSONVILLE, FL 32219

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LUCIO, ROSA MARY  
STREET ADDRESS 6542 LEONA ST  
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE DST  
NAME BOYKINS, MICHELE  
STREET ADDRESS 2958 ANTER CT  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D T  
NAME SMITH, LORRAINE  
STREET ADDRESS 1728 JOHNSON ST  
CITY-ST-ZIP BRUNSWICK, GA 31525

TITLE D  
NAME PETERSEN, DOROTHY  
STREET ADDRESS 1116 TURTLE CREEK DR N  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Rosa Mary Lucio* **ROSAMARY LUCIO** 09/01/05 904 765-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #