


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N46899 1. Entity Name THE JESUS LIVES MINISTRIES INCORPORATED	
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Principal Place of Business 1410C PALM CITY AVENUE STUART, FL 34994	Mailing Address 1410C PALM CITY AVENUE STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0329039	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CIANCA, INEZ Y 1410C PALM CITY AVENUE STUART, FL 34994	DO NOT WRITE IN THIS SPACE
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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. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY TOR FRYE 802 STAFFORD DR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ANN BRYANT 517 S.W 21ST OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB & TOBBIE NEAL 63505 E. LAKE CIR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: <u>Inez Y. Cianca</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1-12-2005</u> <small>Date</small>	Daytime Phone #: _____ <small>Daytime Phone #</small>
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