

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 8:00 am
Secretary of State**

02-10-2006 90041 001 *****8.75

02-10-2006 90041 002 *****61.25

DOCUMENT # N46899

1. Entity Name

THE JESUS LIVES MINISTRIES INCORPORATED



Principal Place of Business

1410C PALM CITY AVENUE
STUART, FL 34994

Mailing Address

1410C PALM CITY AVENUE
STUART, FL 34994



01232006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0329039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIANCA, INEZ Y
1410C PALM CITY AVENUE
STUART, FL 34994

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARY TOR FRYE
STREET ADDRESS	802 STAFFORD DR
CITY-ST-ZIP	STUART, FL

TITLE	D
NAME	MARY ANN BRYANT
STREET ADDRESS	517 S.W. 21ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974

TITLE	D
NAME	BOB & TOBBIE NEAL
STREET ADDRESS	63505 E. LAKE CIR
CITY-ST-ZIP	STUART, FL 34997

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemptions contained in Chapter 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: *Inez Y. Cianca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2006

Date

Daytime Phone #