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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:33

DOCUMENT # **N50573** (7)

1. Corporation Name

**JESUS SAVES AND HEALS MINISTRIES, INC.**

Principal Place of Business Mailing Address  
**9813 NORTH OAKLAHA AVENUE TAMPA FL 33617** **9813 NORTH OAKLAHA AVENUE TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/26/1992</b>	3a. Date of Last Report <b>06/14/1994</b>
4. FEI Number <b>59-3143182</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**SANTIAGO, BLANCA L.  
9813 NORTH OAKLAHA AVENUE  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MOATES, BLANCA E.</b>
STREET ADDRESS	<b>9813 N. OAKLAHA AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>STD</b>
NAME	<b>SANTIAGO, BLANCA L.</b>
STREET ADDRESS	<b>9813 N. OAKLAHA AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>MALDONAGO, NANCY N.</b>
STREET ADDRESS	<b>9813 N. OAKLAHA AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>VENTURA, ROBERTO</b>
STREET ADDRESS	<b>COLONIAL KENNEDY</b>
CITY-ST-ZIP	<b>HONDURAS, CTR. AMR.</b>
TITLE	<b>VD</b>
NAME	<b>WALTERS, JOSEPH</b>
STREET ADDRESS	<b>TEGUICIGALPA</b>
CITY-ST-ZIP	<b>HONDURAS, CTR. AMR.</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Blanca E. Moates* **Blanca E. Moates, Pres.** **2-16-95** **813-989-8711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)