

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002927

FILED  
Apr 15, 2006  
Secretary of State

**Entity Name:** JESUS CHRIST OF NAZARETH HEALING AND DELIVERANCE MINISTRY, CORPORATION

**Current Principal Place of Business:**

P.O. BOX 47141  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 47141  
JACKSONVILLE, FL 3227

**New Mailing Address:**

P.O. BOX 47141  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3183546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIES, A.L.  
2064 W. 13TH STREET  
JACKSONVILLE, FL 322094756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIES, AZZIE L  
Address: 2064 W 13TH STREET  
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete  
Name: THOMAS, OLLIE M  
Address: 3274 ST AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete  
Name: ROBINSON, DEBORAH A  
Address: 5262 POLAN LANE  
City-St-Zip: JACKSONVILLE, FL 322092818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AZZIE L DAVIES

PD

04/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date