

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002927

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

7595 BIRDIES ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47141
JACKSONVILLE, FL 32207

New Mailing Address:

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.
7595 BIRDIES ROAD
JACKSONVILLE, FL 32257 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: SD (X) Change () Addition
Name: THOMAS, OLLIE M
Address: 3274 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL

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

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH A. ROBINSON

TD

04/29/2009

Electronic Signature of Signing Officer or Director

Date