

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002927

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7595 BIRDIES ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 47141  
JACKSONVILLE, FL 32207

**New Mailing Address:**

7595 BIRDIES ROAD  
JACKSONVILLE, FL 32256

**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 32256 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  
**Name:** DAVIES, AZZIE L  
**Address:** 7595 BIRDIES ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** SD  
**Name:** THOMAS, OLLIE M  
**Address:** 712 DAY AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

**Title:** TD  
**Name:** ROBINSON, DEBORAH A  
**Address:** 5262 POLAN LANE  
**City-St-Zip:** JACKSONVILLE, FL 322092818 US

I hereby 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 all other like empowered.

**SIGNATURE:** DEBORAH A. ROBINSON

TD

04/15/2012

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

\_\_\_\_\_  
Date