


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004191	
1. Entity Name	
JESUS HEADQUARTER TEACHING AND TRAINING MINISTRIES, INC.	

Principal Place of Business	Mailing Address
17414 S.W. 108 CT. MIAMI FL 33157 US	P.O. BOX 971476 MIAMI FL 33197 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
65-0434637	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, LARRY L 17414 SW 108TH COURT MIAMI FL 33157	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LARRY L	NAME	
STREET ADDRESS	17414 SW 108 COURT	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, THEODORA P	NAME	
STREET ADDRESS	17414 SW 108TH COURT	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, MICHELLE C	NAME	
STREET ADDRESS	7325 S.W. 152 ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33157	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPKINS, ROBERT	NAME	
STREET ADDRESS	10235 SW 172 ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGINS, RUTH	NAME	
STREET ADDRESS	549 S.W. 17 TERR	STREET ADDRESS	
CITY- ST- ZIP	HOMESTEAD FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, CAROLYN	NAME	
STREET ADDRESS	63523 NW 1ST AVE	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Larry L. Scott (Pastor)* 4-19-07 - 305-235-7679