

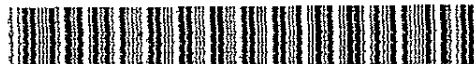
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002286	
1. Entity Name THE NEW ISRAEL CHURCH OF JESUS CHRIST, INC.	

Principal Place of Business 532 DUSTY HOUSE RD QUINCY, FL 32351	Mailing Address PO BOX 2034 QUINCY, FL 32353
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03052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3328560	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAINOUS, SHARON S 162 CHARLIE HARRIS LOOP QUINCY, FL 32351

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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 _____	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000477673 04/06/06-80050-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAINOUS, SHARON S ROAD TO LOOP QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKLEY, LAVANDER ERIC 530 DUSTY HOUSE RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIE MAE LIGHTFOOT 4861 BAINBRIDGE HWY QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDA HICKS BARKLEY 530 DUSTY HOUSE RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD FLOWERS, VANESSA S 162 CHARLIE HARRIS LOOP QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CREWS, ALECEIA T 270 HILLTOP DRIVE MIDWAY, FL 32343

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, 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 I've empowered.

SIGNATURE: <i>Sharon Smiley Gainous</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3-20-2006	OFFICE: 627-7713
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