2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003658

FILED Apr 17, 2006 Secretary of State

Entity Name: JESUS IS ALIVE MINISTRIES PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:			New Principal Place of Bu	New Principal Place of Business:	
7100 NW MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7100 NW MAMI, FL					
El Number	: 65-0601001	FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of New	Registered Agent:	
ROBINSO 2923 NW : MIAMI, FL					
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered office	e or registered agent, or both,	
SIGNATU	RE:				
	Electroni	ic Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
Fitle: Name: Nddress: City-St-Zip:	PD () ROBINSON, FRE 2923 NW 58 ST MIAMI, FL 3314		Title: () Cha Name: Address: City-St-Zip:	ange () Addition	
Fitle: Name: Address: City-St-Zip:	VD () ROBINSON, REI 2923 NW 58 ST MIAMI, FL 3314		Title: () Cha Name: Address: City-St-Zip:	ange()Addition	
Sity-St-Zip.					
Fitle: Name: Nddress:	TD () HUMPHREY, JE 12125 NW 21 C MIAMI, FL 3316	т	Title: TD (X) Chi Name: DAVIS, BETTY Address: 18905 N.W. 42 PL City-St-Zip: MIAMI, FL 33055	ange () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip:	HUMPHREY, JÉ 12125 NW 21 C MIAMI, FL 3316	SSE B T 67 Delete JCILL T	Name: DAVIS, BETTY Address: 18905 N.W. 42 PL City-St-Zip: MIAMI, FL 33055	ange()Addition ange()Addition	
Title: Name: Nadress: Dity-St-Zip: Title: Name: Name:	HUMPHREY, JE 12125 NW 21 C' MIAMI, FL 3316 SD () HUMPHREY, LU 12125 NW 21 C' MIAMI, FL 3316	SSE B T Delete JCILL T T T T Delete	Name: DAVIS, BETTY Address: 18905 N.W. 42 PL City-St-Zip: MIAMI, FL 33055 Title: () Cha 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: BETTY DAVIS TD 04/17/2006