2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N95000003658

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

Current Principal Place of Business:

7100 NW 15TH CT
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

7100 NW 15TH CT
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 65-0601001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, FREDDIE L
2923 NW 58 ST
MIAMI, FL 33142 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:	ROBINSON, FREDDIE L	
Address:	2923 NW 58 ST	
City-St-Zip:	MIAMI, FL 33142	
Title:	VD	( ) Delete
Name:	ROBINSON, REBECCA	
Address:	2923 NW 58 ST	
City-St-Zip:	MIAMI, FL 33142	
Title:	TD	( ) Delete
Name:	DAVIS, BETTY	
Address:	18905 N.W. 42 PL	
City-St-Zip:	MIAMI, FL 33055	
Title:	SD	( ) Delete
Name:	HUMPHREY, LUCILL	
Address:	12125 NW 21 CT	
City-St-Zip:	MIAMI, FL 33167	
Title:	D	( ) Delete
Name:	DAVIS, CARL	
Address:	3050 NW 71 ST	
City-St-Zip:	MIAMI, FL 33142	
Title:	D	( ) Delete
Name:	DAVIS, CATHERINE	
Address:	3050 NW 71STREET	
City-St-Zip:	MIAMI, FL 33142	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: FREDDIE L. ROBINSON PD 04/18/2008

Electronic Signature of Signing Officer or Director — Date