

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001824</b>	
1. Entity Name JESUS' HOUSE OF WORSHIP, INC.	
Principal Place of Business 1000 N SEACREST BLVD. BOYNTON BEACH, FL 33432	Mailing Address 1000 N SEACREST BLVD. BOYNTON BEACH, FL 33435



04232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0656143

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

EVANS, PORTIA  
1000 N SEACREST BLVD.  
BOYNTON BEACH, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000927312  
05/20/08-80101-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GREEN, LAWRENCE 133 SW 15TH AVE. APT 12 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, DIANE 133 SW 15TH AVENUE APT 12 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FUNCHES, EDWARD 250 NW 20TH CT BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, EDDIE D 112 NW 5TH AVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, PORTIA A 112 NW 5 AVENUE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYERS, ANNIE L C/O 1000 N SEACREST BLVD BOYNTON BEACH, FL 33435

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Diane Green* *Diane Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/08*

Date

*561-276-7582*

Daytime Phone #