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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000004422 (9)

JESUS CARES MINISTRIES, INC.

1997 DOCUMENT #
1. Corporation Name

FILED Jan 27 1997 8:00am Secretary of State



(56) 340 - 07 59 Pavlime Phone # 0071084

Principal Place	o of Busines	e	Ma	ailing Addre									
Principal Place of Business 1030 SW COLEMAN AVE. PORT ST. LUCIE FL 34953				1030 SW COLEMAN AVE.				ļ					
				PORT ST. LUCIE FL 34953-1855									
								3.	Date Incorporated or C 08/22/1996	Qualified	3a. Dat	te of Last F	Report
2. Principal P	lace of Busin	ress	2a.	Mailing Ad	dress			4.	FEI Number		1		pplied For
21			26					65-0693079 Not Applica				ot Applicable	
Suite, Apt.	#, etc.		27	Suite, Apt.	#, etc.			5.	Certificate of Status De	esired		*	Additional equired
City & State	e		2/1	City & State	e			6.	Election Campaign Fin	nancino			May Be
23			28	•					Trust Fund Contribution	_			to Fees
Zip		Country		Zip		Countr	У	8.	This corporation has lie	ability for i	ntangible i	iax under s	s. 199.032,
24	25		29			30			Florida Statutes				
	9. Name	and Address of Cu	rrent Regis	stered Agen	ıt	81	I Name		Name and Address o	New He	gistered A	gent	
							Name						
	N, LAURA					8	Street .	Address (P	O. Box Number is Not	Acceptab	le)		
	W COLEMA					8:	3						
PUHI 5	ST. LUCIE (-L 34933											
						84	City				FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 617.	.0502 and 6	617.1508, Flo	orida Statu	tes, the abo	ve-named	d corporation	n submits this statemer	nt for the p	urpose of	changing	its registered
office or r	ronistorad ar	ent, or both, in the Sith, and accept the o	itate of Flori	ida Suchich	iange was .	authorized t	ov the core	rporation's b	poard of directors. I her	eby accep	t the appo	a tremtnic	s registered
agent ra	MITTER MINER VI	mi, and dodopi me o	ongunono o	, 000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
0.00.47.100													
SIGNATURE	Signature, types	or printed name of registere	ed agent and title	e if applicable.	(NO)	TE: Registered A	gent signature	re required when	reinstating)		DATE		
SIGNATURE	Signature, types		d agent and title AND DIRE	CTORS		13.		/	rehelating) ADDITIONS/CHANGES	TO OFFIC			
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12.	Signature, types			CTORS		13. 1.1 TITLE 1.2 NAME		PITE Micke	ADDITIONS/CHANGES / R. Engman)			
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