

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000591

FILED
Aug 25, 2004
Secretary of State

Entity Name: JESUS CARES MISSION MINISTRIES, INC.

Current Principal Place of Business:

3778 RS. RIO GRANDE AVENUE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

PO BOX 555608
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 59-3483615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIESTER, YVONNE
431 S PARRAMORE AVENUE
ORLANDO, FL 32805 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: 2VDS () Delete
Name: PRIESTER, YVONNE
Address: 431 S PARRAMORE AVE
City-St-Zip: ORLANDO, FL 32805

Title: VDS () Delete
Name: PRIESTER, ARTESHA
Address: 7844 GREGORY DR 2402
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SKIPPER, G. K
Address: 1920 PULLMAN COURT
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: LAMB, CLAUDIA
Address: 1804 ELMRIDGE COURT
City-St-Zip: ORLANDO, FL 32808

Title: P () Delete
Name: SINGLETON, SAMMIE JR
Address: 1724 W. 16TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: ROLLINS, DAVID
Address: 2042 LONG ST.
City-St-Zip: ORLANDO, FL 32805

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
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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 for the exemption stated in Section 119.07(3)(i), 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: YVONNE PRIESTER

2VDS

08/25/2004

Electronic Signature of Signing Officer or Director

Date

DIRECTOR RACKARD, LONNIE
3778R S RIO GRANCE AVENUE
ORLANDO, FLORIDA 32839

SECRETARY RACKARD, DIANE
3778R S RIO GRANDE AVENUE
ORLANDO, FLORIDA 32839

DIRECTOR RACKARD, LONNIE

SECRETARY RACKARD, DIANE
3778R S RIO GRANDE AVENUE
ORLANDO, FLORIDA 32839