

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED

05 OCT -5 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000591

1. Entity Name
JESUS CARES MISSION MINISTRIES, INC.



Principal Place of Business
3778 RS. RIO GRANDE AVENUE
ORLANDO, FL 32839

Mailing Address
PO BOX 555608
ORLANDO, FL 32855



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

09152005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
PRIESTER, YVONNE
431 S PARRAMORE AVENUE
ORLANDO, FL 32805

7. Name and Address of New Registered Agent
Name: Priester, Yvonne
Street Address (P.O. Box Number is Not Acceptable):
1523 Guinyard Way
City: Orlando FL Zip Code: 32805

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by October 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VDS PRIESTER, YVONNE 431 S PARRAMORE AVE ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PRIESTER, ARTESHA 7844 GREGORY DR 2402 JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIPPER, G. K 1920 PULLMAN COURT JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, CLAUDIA 1804 ELMRIDGE COURT ORLANDO, FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, SAMMIE JR 1724 W. 16TH ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLLINS, DAVID 2042 LONG ST. ORLANDO, FL 32805	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VDS Secretary Ass. stant Priester, Yvonne 1523 Guinyard Way Orlando, FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS Ass. stant Priester, Artesha 5928 Firestone Rd #108 Jacksonville, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Skipper, G.K. 2045 James Rd James Rd Jacksonville, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Singleton, Sammie Jr 1750 W. 30th Jacksonville, Fla 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/27/2005 Daytime Phone #: 407 420-9530

I. Roberts OCT 06 2005

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DS
Rockard, Diane
3778 R S. Rio Grande Ave
Orlando, FL 32839

D
Rockard, Lonnie
3778 R S. Rio Grande Ave
Orlando, FL 32839