

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000591

FILED
Sep 26, 2008
Secretary of State

Entity Name: JESUS CARES MISSION MINISTRIES, INC.

Current Principal Place of Business:

1413 34TH STREET
ORLANDO, FL 32839

New Principal Place of Business:

4502 CONLEY STREET
ORLANDO, FL 32811

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRIESTER, YVONNE
1523 GUINYARD WAY
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

PRIESTER, YVONNE
4502 CONLEY STREET
ORLANDO, FL 32811 US

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: _____

09/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2VD () Delete
Name: PRIESTER, YVONNE ASST
Address: 1523 GUINYARD WAY
City-St-Zip: ORLANDO, FL 32805

Title: VDS () Delete
Name: PRIESTER, ARTESHA SECRETA
Address: 4739 FIRESIDE COURT
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SINGLETON, WENDELL C
Address: 1722 MCQUADE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: P () Delete
Name: SINGLETON, SAMMIE JR
Address: 1750 W 30TH
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: ROLLINS, DAVID
Address: 720 SOUTH ORANGE BLOSSOM TRAIL #502
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VD (X) Change () Addition
Name: PRIESTER, YVONNE ASST
Address: 4502 CONLEY STREET
City-St-Zip: ORLANDO, FL 32811

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: YVONNE PRIESTER

2VD

09/26/2008

Electronic Signature of Signing Officer or Director

Date