

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N98000003229

1. Entity Name

JESUS HEALING CENTER, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-04-2000 90034 023 ****61.25

Principal Place of Business Mailing Address
2766 LEMON ST. 2766 LEMON ST.
FT. MYERS FL 33901 FT. MYERS FL 33916-2610

JESUS HEALING CENTER, INC.

2. Principal Place of Business 3. Mailing Address
2766 LEMON ST. 2766 LEMON ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT MYERS, FL. SAME

Zip Country Zip Country
33916 LEZ



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0862786 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAY, EDITH L 2766 LEMON ST. FT. MYERS FL 33901
7. Name and Address of New Registered Agent

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.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. [] \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, EDITH L 2766 LEMON ST. FT. MYERS FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUNIOR 3441 DORA ST FORT MYERS FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, REGINA 1438 BEST DR FORT MYERS FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, EDITH L 2766 LEMON ST. FT. MYERS, FL. 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUNIO D LOREO 3441 DORA ST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGINA Thompson 1438 BEST DR FORT MYERS, FL. 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] 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: REVEREND PAPA MEADJIRE 4/1/2000 941-334-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)