

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003229

1. Entity Name

JESUS HEALING CENTER, INC.

Principal Place of Business

2766 LEMON ST.
FT. MYERS FL 33901

Mailing Address

2766 LEMON ST.
FT. MYERS FL 33901

2. Principal Place of Business

2766 LEMON STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

33916

Country

Lee

Zip

Country

4. FEI Number

65-0862786

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, EDITH L	
STREET ADDRESS	2766 LEMON ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JUNIOR	
STREET ADDRESS	3441 DORA ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, REGINA	
STREET ADDRESS	1438 BEST DR	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, EDITH L	
STREET ADDRESS	2766 LEMON ST	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	? D	<input type="checkbox"/> Delete
NAME	FLOREC, EUNIOR	
STREET ADDRESS	3441 DORA ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	FAST	<input type="checkbox"/> Delete
NAME	THOMPSON, REGINA	
STREET ADDRESS	1438 BEST DR	
CITY-ST-ZIP	FORT-MYERS FL 33916	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

REGINA THOMPSON

3/20/2001

841-334-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)