,2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005151

1. Entity Name

JESUS CAN HELP MINISTRY INC.

Principal Place of Business

1339 MAZUREK BLVD. PENSACOLA, FL 32514 Mailing Address

1339 MAZUREK BLVD. PENSACOLA, FL 32514

FILED Feb 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3514409 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, GREGORY O 1339 MAZUREK BLVD. PENSACOLA, FL 32514

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		1			
 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					
Signature, typad or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	 Election Campaign Finant Trust Fund Contribution. 	oing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY -ST-EP	D WASHINGTON, GREGORY O 1339 MAZUREK BLVD. PENSACOLA, FL			S. S. Sandara & M.	000000211767 02/02/05-80132-019 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, JEFF 1570 JANICE CT. GULF BREEZE, FL		~	<i>"</i>	
title Name Street address City-St-Zip	D THOMAS, CHARLES 3895 ADAMS ROAD PACE, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADORESS CITY - ST - ZIP					
TITLE Name Street address Sity-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 directors 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.					