

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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**



01122006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WASHINGTON, GREGORY O
STREET ADDRESS	1339 MAZUREK BLVD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	MCKINNEY, JEFF
STREET ADDRESS	1570 JANICE CT.
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	D
NAME	THOMAS, CHARLES
STREET ADDRESS	3895 ADAMS ROAD
CITY-ST-ZIP	PACE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80026-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gregory Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 (850) 490 6566
Date Daytime Phone #