

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006217	
1. Entity Name THE AWAKENING MINISTRY OF JESUS CHRIST INCORPORATION	

Principal Place of Business P.O. BOX 6229 TALLAHASSEE, FL 32314	Mailing Address P.O. BOX 6229 TALLAHASSEE, FL 32314
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3358044	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYES, SAMUEL L
9980 CHARLIE ASH LN.
WOODVILLE, FL 32362**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROSA 1630 BALKIN RD LOT 166 TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, HELEN PO BOX 6229 TALLAHASSEE, FL 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, ROSE P.O. BOX 6229 TALLAHASSEE, FL 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHARDSON, DONNA 1630 BALKIN RD LOT 167 TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/17/05-80061-020 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Donna Richardson Donna Richardson 2/15/05 488-6013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #