

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90027 020 ****70.00

DOCUMENT # N99000001380					
1. Entity Name WORSHIP JESUS FELLOWSHIP, INC.					
Principal Place of Business 6901 SW 157TH CT. MIAMI, FL 33193 US			Mailing Address 6901 SW 157 COURT MIAMI, FL 33193 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0899971				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUTAO, JOSE A 6901 SW 157 COURT MIAMI, FL 33193			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME PARAISO, TOMAS STREET ADDRESS 3210 NW 11TH AVENUE CITY-ST-ZIP MIAMI, FL 33127	<input type="checkbox"/> Delete		TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MANLAPAZ, EDALDONE STREET ADDRESS 8657 SOUTHWEST 159 COURT CITY-ST-ZIP MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE D NAME ABERILCA-DIEZ, JOANNE M. STREET ADDRESS 16881 SW 278th ST. CITY-ST-ZIP HOMESTEAD, FL 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CALUB, DAVID JR STREET ADDRESS 15531 SOUTHWEST 133 PLACE #712 CITY-ST-ZIP MIAMI, FL 33177	<input type="checkbox"/> Delete		TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME VALDEMORO, TERESITA STREET ADDRESS 16276 SOUTHWEST 95TH STREET CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE D NAME DAMPIL, JAY STREET ADDRESS 16472 SW 56th TER. CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tomas Paraiso</u> Tomas Paraiso 04-21-08 (305) 633-5763 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					