


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90204 042 ****61.25

DOCUMENT # N99000001601					
1. Entity Name RECONCILIATION CHURCH OF JESUS CHRIST MINISTRY, INC.					
Principal Place of Business 2424 SW 42 TERRACE FORT LAUDERDALE, FL 33317			Mailing Address 2424 SW 42 TERRACE FORT LAUDERDALE, FL 33317		
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	04232007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0905589				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASORIA, S M III 1040 BAYVIEW DRIVE STE. 600 FT. LAUDERDALE, FL 33304			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, 2007		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 PD	NAME JACKSON, DARCY <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2424 SW 42 TERRACE	CITY-ST-ZIP FORT LAUDERDALE, FL 33317		STREET ADDRESS	CITY-ST-ZIP	
TITLE STD	NAME JACKSON, CYNTHIA <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2424 SW 42 TERRACE	CITY-ST-ZIP FORT LAUDERDALE, FL 33317		STREET ADDRESS	CITY-ST-ZIP	
TITLE UD	NAME MCGILL, BEN <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2504 NW 31 AVENUE	CITY-ST-ZIP FORT LAUDERDALE, FL 33311		STREET ADDRESS	CITY-ST-ZIP	
TITLE MLD	NAME JACKSON, LINNELL <input checked="" type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 509 NW 23 AVENUE - APT. 1	CITY-ST-ZIP FORT LAUDERDALE, FL 33311		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME JACKSON, LEE <input checked="" type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2424 SW 42 TERRACE	CITY-ST-ZIP FORT LAUDERDALE, FL 33317		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/07 <small>Date</small>		
<small>Daytime Phone #</small>					