

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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**



04062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0905589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASORIA, S M III
1040 BAYVIEW DRIVE STE. 600
FT. LAUDERDALE, FL 33304**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, DARCY
STREET ADDRESS 2424 SW 42 TERRACE
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE STD
NAME JACKSON, CYNTHIA
STREET ADDRESS 2424 SW 42 TERRACE
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE UD
NAME MCGILL, BEN
STREET ADDRESS 2504 NW 31 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D
NAME JACKSON, ANNIE
STREET ADDRESS 1652 NW 17 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000904309
05/01/08-80007-013 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #