2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# N99000003494

Entity Name: EVANGELICAL MINISTRY OF JESUS CHRIST, INC.

Current Principal Place of Business:

6866 FOREST CITY RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6866 FOREST CITY RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3507972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBERS, GARY REV.
6850 FOREST CITY RD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHAMBERS, GARY II
Address: 901 INDIANA
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: CHAMBERS, SHARON
Address: PO BOX 550216
City-St-Zip: ORLANDO, FL 32855

Title: D ( ) Delete
Name: TOOMER, CASSANDRA
Address: 400 SUNSET DR
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: CHAMBERS, ALICIA
Address: 6850 FOREST CITY RD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON CHAMBERS D 02/16/2005

Electronic Signature of Signing Officer or Director — Date