


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90035 032 \*\*\*\*61.25

<b>DOCUMENT # N99000005355</b> 1. Entity Name <b>JESUS CHRIST OF NAZARETH EXTENDED FAMILY MINISTRY, INC.</b>					
Principal Place of Business <b>2801 64TH AVE., SOUTH ST. PETERSBURG, FL 33712</b>			Mailing Address <b>P.O. BOX 15864 SAINT PETERSBURG, FL 33733</b>		
2. Principal Place of Business <b>P.O. Box 4632</b>		3. Mailing Address <b>P.O. Box 4632</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN, FL</b>		4. FEI Number <b>59-3636952</b>	
Zip <b>33885</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKER NEAL, PRISCILLA A 2801 64TH AVE., SOUTH ST. PETERSBURG, FL 33712</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>202 STILLWATER RD NE</b> <b>202 STILLWATER RD. NE</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33881</b>		
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 reconstituting) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- BAKER NEAL, PRISCILLA 2801 64TH AVE S SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAY, TARRY 6150 28TH STREET S SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RILEY, CONSTANCE 4511 21ST AVE S- SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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.			[Blank]		
<b>SIGNATURE:</b> <i>Priscilla A. Neal</i> <b>PRISCILLA A. NEAL</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					