

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005369</b> 1. Entity Name <b>THE JPM CENTRE AT MIAMI GARDENS DRIVE, INC.</b>	
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Principal Place of Business <b>C/O JESUS PEOPLE MINISTRIES CHURCH 4055 N.W. 183RD STREET MIAMI FL 33055</b>	Mailing Address <b>C/O JESUS PEOPLE MINISTRIES CHURCH 4055 N.W. 183RD STREET MIAMI FL 33055</b>
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1st MOORE      CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-1021284</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>WILLIAMS, ISAIAH S JR. 4055 N.W. 183RD STREET MIAMI FL 33055</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL      Zip Code</span>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WILLIAMS, ISAIAH S JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16206 N.W. 83RD COURT	NAME	U00000262039
STREET ADDRESS	HIALEAH FL 33016	STREET ADDRESS	03/14/05-80038-004 70.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD WILLIAMS, GLORIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16206 N.W. 83RD COURT	NAME	
STREET ADDRESS	HIALEAH FL 33016	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD HARIG, TERRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3101 S.W. 32ND AVENUE	NAME	
STREET ADDRESS	HOLLYWOOD FL 33023-5706	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD DAWSON, RENNEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1828 N.W. 152ND STREET	NAME	
STREET ADDRESS	OPA LOCKA FL 33054-2910	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DENNIS, DIANE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5991 N.E. 6TH COURT	NAME	
STREET ADDRESS	MIAMI FL 33137-2303	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DENNIS, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2221 RIVERDALE DRIVE, NORTH	NAME	
STREET ADDRESS	MIRAMAR FL 33025	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

**SIGNATURE:** *[Signature]*      3/10/05      305 625-9630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #