


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 039 ****70.00


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1. Entity Name
 THE JPM CENTRE AT MIAMI GARDENS DRIVE, INC.



Principal Place of Business C/O JESUS PEOPLE MINISTRIES CHURCH 4055 N.W. 183RD STREET MIAMI, FL 33055	Mailing Address C/O JESUS PEOPLE MINISTRIES CHURCH 4055 N.W. 183RD STREET MIAMI, FL 33055
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03142006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

WILLIAMS, ISAIAH S JR.
 4055 N.W. 183RD STREET
 MIAMI, FL 33055

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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)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ISAIAH S JR. 16206 N.W. 83RD COURT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, GLORIA 16206 N.W. 83RD COURT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARIG, TERRY 3101 S.W. 32ND AVENUE HOLLYWOOD, FL 330235706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAWSON, RENNEE 1828 N.W. 152ND STREET OPA LOCKA, FL 330542910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, DIANE 5991 N.E. 6TH COURT MIAMI, FL 331372303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, WILLIAM 2221 RIVERDALE DRIVE, NORTH MIRAMAR, FL 33025

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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: _____ **3/30/06** **305 625-9630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #