

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90095 049 ****61.25

DOCUMENT # N99000005609

1. Entity Name

JESUS CARES DELIVERANCE CENTER, INC.



Principal Place of Business

Mailing Address

411-7TH ST EAST
BRADENTON FL 34208

411-7TH ST EAST
BRADENTON FL 34208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

JONES, LOUISE
411-7TH ST EAST
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, LOUISE	
STREET ADDRESS	1209 6TH ST. EAST	
CITY-STATE-ZIP	BRADENTON FL 34208	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, MURDES L	
STREET ADDRESS	5911 13TH ST. CT. EAST	
CITY-STATE-ZIP	BRADENTON FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, LEOLA	
STREET ADDRESS	2313 19TH ST.	
CITY-STATE-ZIP	SARASOTA FL 34234	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUIS, LINDA	
STREET ADDRESS	347 61ST AVE. EAST	
CITY-STATE-ZIP	BRADENTON FL 34203	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GRIGGS, ROSA	
STREET ADDRESS	1219 6TH ST EAST	
CITY-STATE-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Speaks, Isabelle	
STREET ADDRESS	1101 - 36th Ave W.	
CITY-STATE-ZIP	Bradenton, FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Murdes L Jones

01-28-07

746-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #