

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005609

1. Entity Name

JESUS CARES DELIVERANCE CENTER, INC.



Principal Place of Business

411-7TH ST EAST
BRADENTON FL 34208

Mailing Address

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

4. FEI Number

65-0963215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008

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
NAME JONES, LOUISE
STREET ADDRESS 1209 6TH ST. EAST
CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete

TITLE VD
NAME JONES, MURDES L
STREET ADDRESS 5911 13TH ST. CT. EAST
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

TITLE SD
NAME SPEAKS, ISABELLE
STREET ADDRESS 1107 36TH AVENUE W
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE TD
NAME LOUIS, LINDA
STREET ADDRESS 347 61ST AVE. EAST
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

TITLE AT
NAME GRIGGS, ROSA
STREET ADDRESS 1219 6TH ST EAST
CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-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: *Pastor Louise Jones* 2/10/08 94-744-5550