2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005609

FILED May 03, 2009 Secretary of State

Entity Name: JESUS CARES DELIVERANCE CENTER, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
H11-7TH ST EAST BRADENTON, FL 34208			411-7TH- ST EAST BRADENTON, FL 34208	
Current Mailing Address:		New Mail	New Mailing Address:	
I11-7TH ST EAST BRADENTON, FL 34208			411-7TH- ST EAST BRADENTON, FL 34208	
n accordan	: 65-0963215 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei I Address of Current Registered Agent:			
vaine and	Address of Current Registered Agent.	Name and	Address of New Registered Agent.	
ONES, LOUISE 11-7TH ST EAST BRADENTON, FL 34208 US		411-7TH-	JONES, LOUISE 411-7TH- ST EAST BRADENTON, FL 34208 US	
	named entity submits this statement for the purpos e of Florida.	e of changing	its registered office or registered agent, or both,	
SIGNATURE:			05/03/2009	
	Electronic Signature of Registered Agent		 Date	
OFFICERS	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
ïtle:	PD () Delete	Title:	() Change () Addition	
lame:	JONES, LOUISE	Name:	() 5195 ()	
ddress:	1209 6TH ST. EAST	Address:		
ity-St-Zip:	BRADENTON, FL 34208	City-St-Zip:		
itle:	VD () Delete	Title:	VD (X) Change () Addition	
ame:	JONES, MURDES L	Name:	JONES, MURDES L	
ddress:	5911 13TH ST. CT. EAST	Address:	4730 -50TH STREET WEST APT.1913	
ity-St-Zip:	BRADENTON, FL 34203	City-St-Zip:	BRADENTON, FL 34210	
itle:	SD () Delete	Title:	() Change () Addition	
ame:	SPEAKS, ISABELLE	Name:	() Change () Addition	
ddress:	1107 36TH AVENUE W	Address:		
ity-St-Zip:	BRADENTON, FL 34205	City-St-Zip:		
			4	
itle:	TD () Delete	Title:	() Change () Addition	
ame:	LOUIS, LINDA 347 61ST AVE. EAST	Name:		
ddress: ity-St-Zip:	BRADENTON, FL 34203	Address: City-St-Zip:		
itle:	AT () Delete	Title:	() Change () Addition	
lame:	GRIGGS, ROSA	Name:		
ddress:	1219 6TH ST EAST	Address:		
ity-St-Zip:	BRADENTON, FL 34208	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LOUIS TD 05/03/2009