2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# N99000005954

Entity Name: FRIENDS OF THE FAMILY OF JESUS HEALER INC.

Current Principal Place of Business:

2214 E. 9TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 231
ODESSA, FL 33556

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, MICHAEL W
19506 PINE TREE ROAD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SCOTT, PHILIP REV	
Address:	2214 E 9 AVE A AVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	LEON, HERNAN	
Address:	4129 N ARMENIA	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	ALFONSO, CARLOS JR	
Address:	1705 N 16 STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	FULLER, MICHAEL W	
Address:	2701 W BUSCH BLVD	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	BOWERS, CHRISTOPHER G	
Address:	2523 SUNSET DR	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL W. FULLER D 03/03/2004
Electronic Signature of Signing Officer or Director — Date