2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007320

FILED Sep 07, 2005 Secretary of State

Entity Name: CHURCH OF JESUS-CHRIST AND CADJE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2826 BRAODWAY 207 WEST PALM BEACH, FL 33404 **New Mailing Address: Current Mailing Address:** P OB OX 32775 PALM BEACH GARDES, FL 33420 FEI Number: 65-0990557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAURIVAL, ORPHA MAURIVAL, ORPHA 9335 OLD DIXIE HWY 4225 45TH STREET. LOT # I-13 LAKE PARK, FL 33403 US WEST PALM BEACH, FL 33407 US 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: ORPHA MAURIVAL 09/07/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MAURIVAL, ORPHA MAURIVAL, ORPHA Name: Name: 4135 TANGLEWOOD NORTH, #455 Address: 4225 45TH STREET LOT # I-13 Address: City-St-Zip: PALM BCH GARDENS, FL 33410 City-St-Zip: WEST PALM BEACH, FL 33407 Title: Title: () Delete () Change () Addition DASMA, FILS AIME J Name: Name: Address: 2100 N AUSTRALIAN AVENUE Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition JENA, CHRISTOPHE Name: Name: 9271 APPLECREST DR. Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD Name: MAURIVAL, GELINE Name: MAURIVAL, GELINE 9335 OLD DIXIE HIGHWAY 4225 45TH STREET LOT # I-13 Address: Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: WEST PALM BEACH, FL 33407 Title: () Delete Title: () Change () Addition NANCIUS, SIMONAIRE Name: Name: 211 SW 5TH AVENUE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition LIPSON, EDMOND Name: Name: Address: 411 SW 9TH COURT Address: DELRAY BEACH, FL 33444 City-St-Zip: 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: ORPHA MAURIVAL P 09/07/2005