

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028245

FILED
Mar 23, 2007
Secretary of State

Entity Name: JESUS COMPASSION MINISTRIES, INC.

Current Principal Place of Business:

1401 SOUTH STATE ROAD 7
#7
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

1401 SOUTH STATE ROAD 7
#7
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 65-0482052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOR, SADIE
323 SOUTH WEST 76TH TERRACE
NORTH LAUDERDALE, FL 33068 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNOR, SADIE
Address: 323 SOUTH WEST 76TH TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SEC () Delete
Name: BENT, PAULINE M
Address: 3588 NW 35TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VP () Delete
Name: KIRKLAND, WILLIAM
Address: 323 SW 76 TERR
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: LOVELACE, JOAN
Address: 1401 SOUTH STATE ROAD 7, #7
City-St-Zip: NORTH LAUDERDALE, FL 33068

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SADIE CONNOR

P

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date