2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC7547985789

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Entity Name: JESUS SUPERNATURAL LIFE CENTER, INC.

Current Principal Place of Business:

700 NW 21ST AVENUE
POMPANO BEACH, FL 33069-2439

Current Mailing Address:

P.O BOX 668812
POMPANO BEACH, FL 33066 US

FEI Number: 59-2429078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, TERRY D
360 NW 20TH AVE
POMPANO BEACH, FL 33069-2439 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT/CEO
Name	MCLAMORE, GARY REV
Address	591 N.E. 38TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	NVM
Name	MCLAMORE, VICKIE
Address	591 N.E. 38TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	VM
Name	NEGRIN, BARBARA
Address	1211 S.W 20TH AVENUE
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	VM
Name	HOLLIS, HORACE
Address	2711 HAMMONDVILLE ROAD
City-State-Zip:	POMPANO BEACH FL 33069

Title	FS
Name	CRAWFORD, TERRY D
Address	360 N.W. 20TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	VM
Name	JACOBS, WILLIE
Address	1548 N.W. 15TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	SECRETARY
Name	ADAMS, KAESHA
Address	1751 N.W. 6TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

I hereby 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 all other like empowered.

SIGNATURE: TERRY CRAWFORD FS 04/30/2015

Electronic Signature of Signing Officer/Director Detail — Date