

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740070

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**FINANCIAL SECRETARY****05/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date