

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708178 (9)
 1. Corporation Name
BOYS AND GIRLS FOR JESUS, INC.



Principal Place of Business: **3960 AUE "U" NW WINTER HAVEN FL 33880 US**
 Mailing Address: **3960 AUE "U" NW WINTER HAVEN FL 33880 US**

3. Date Incorporated or Qualified: **12/02/1964**
 3a. Date of Last Report: **02/03/1995**
 4. FEI Number: **59-6166905**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing / Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
SIMPSON, R DALE
3960 AUE "U" NW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
81 Name: BARY T SIMPSON
82 Street Address (P.O. Box Number is Not Acceptable): 4205 THOMASWOOD LN S.W.
83 WINTER HAVEN
84 City: FL 85 Zip Code: 33880

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gary T Simpson* 15 July 96
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HOLMES, FRED	
STREET ADDRESS	282 REDBASS LANE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	ST	<input type="checkbox"/>
NAME	SIMPSON, ANNE	
STREET ADDRESS	3956 AUE "U" NW	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SIMPSON, R DALE	
STREET ADDRESS	3960 AUE "U" NW	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SHORT, DAVID	
STREET ADDRESS	1013 WINTER LAKE RD.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/>
NAME	SIMPSON, GARY	
STREET ADDRESS	4205 THOMASWOOD LANE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	George L. Burr, IV		
1.3 STREET ADDRESS	319 LK MARIAM BLVD		
1.4 CITY - ST - ZIP	WINTER HAVEN FL 33884		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ANNE SIMPSON		
2.3 STREET ADDRESS	3956 AUE U N.W.		
2.4 CITY - ST - ZIP	WINTER HAVEN FL 33881		
3.1 TITLE	ST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CONNIE SIMPSON		
3.3 STREET ADDRESS	4205 THOMASWOOD LN S.W		
3.4 CITY - ST - ZIP	WINTER HAVEN, FL 33880		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	BARY SIMPSON		
5.3 STREET ADDRESS	4205 THOMASWOOD LN S.W		
5.4 CITY - ST - ZIP	WINTER HAVEN, FL 33880		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary T Simpson* GARY T SIMPSON 15 July 96 941-2943481
 Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)