

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708178

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	4205 Thomaswood Ln, Sw	12/02/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6166905	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired	
23		28	Winter Haven, FL	<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing	
24		29	33880	30	USA
25				Trust Fund Contribution	
				<input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMPSON, GARY T 4205 THOMASWOOD LANE SW WINTER HAVEN FL 33880				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR IV, GEORGE	1.2 NAME	
STREET ADDRESS	319 LAKE MARIAM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, ANNE	2.2 NAME	
STREET ADDRESS	3956 AUE "U" NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, CONNIE	3.2 NAME	
STREET ADDRESS	4205 THOMASWOOD LANE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, GARY	4.2 NAME	
STREET ADDRESS	4205 THOMASWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Connie B. Simpson SIGNATURE REQUIRED: Connie B. Simpson Date: 4/14/99 Daytime Phone #: 941-294-3481

CR2E037 (1/198)