

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 736834 (3)

1. Corporation Name

THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.

95 MAR -7 PM 1:48

Principal Place of Business Mailing Address
RT. 2, BOX 128-B ATTAPULGUS HIGHWAY QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1976	3a. Date of Last Report 02/10/1994
4. FEI Number 00-2600030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SHAW, IRENE J.
ROUTE 2, BOX 128-B
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when installing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAW, IRENE J
STREET ADDRESS	ROUTE 2 BOX 128-B
CITY - ST - ZIP	QUINCY FL
TITLE	VC
NAME	KENON, MARTHA A.
STREET ADDRESS	ROUTE 2 BOX 129-A
CITY - ST - ZIP	QUINCY FL
TITLE	TD
NAME	JOHNSON, ANNIE L.
STREET ADDRESS	RT. 2, BOX 120
CITY - ST - ZIP	QUINCY FL
TITLE	TM
NAME	GREEN, MARY M
STREET ADDRESS	ROUTE 2 BOX 112-F
CITY - ST - ZIP	QUINCY FL
TITLE	ST
NAME	JONES, JAMES M
STREET ADDRESS	RT 2 BOX 128
CITY - ST - ZIP	QUINCY FL
TITLE	TD
NAME	WILSON, DONNELL
STREET ADDRESS	RT. 2 BOX 12
CITY - ST - ZIP	QUINCY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Common, D's
3.3 STREET ADDRESS	TD Rt. 5 Box 283
3.4 CITY - ST - ZIP	Quincy, Fla. 32351
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(a), 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: Irene J. Shaw P/D 2-26-95 924 627-3708
 Signature and Typed or Printed Name of Signing Officer or Director
 Irene J. Shaw P/D 2-26-95