

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736834 (3)
1. Corporation Name
THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.

FILED
Feb 22, 1996 08:00 AM
Secretary of State



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

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/17/1976 | 3a. Date of Last Report 03/07/1995 |
|--|--|

| | |
|--------------------------------|---------------------|
| 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 |
| 29 | 30 |

| | |
|---|---------------------------------------|
| 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 |
| 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 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

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHAW, IRENE J | |
| STREET ADDRESS | ROUTE 2 BOX 128-B | |
| CITY - ST - ZIP | QUINCY FL | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | KENON, MARTHA A. | |
| STREET ADDRESS | ROUTE 2 BOX 129-A | |
| CITY - ST - ZIP | QUINCY FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GAMMONS, ODIS | |
| STREET ADDRESS | RT. 5, BOX 238 | |
| CITY - ST - ZIP | QUINCY FL | |
| TITLE | TM | <input type="checkbox"/> DELETE |
| NAME | GREEN, MARY M | |
| STREET ADDRESS | ROUTE 2 BOX 112-F | |
| CITY - ST - ZIP | QUINCY FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | JONES, JAMES M | |
| STREET ADDRESS | RT 2 BOX 128 | |
| CITY - ST - ZIP | QUINCY FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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)(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: Irene J. Shaw P/O 2-1-96 904-627-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)