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**Feb 03 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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.



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 32351-9671**

3. Date Incorporated or Qualified: **09/17/1976** 3a. Date of Last Report: **02/22/1996**
4. FEI Number: **00-2600030** 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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	V/A Kenon, Martha A.
2.3 STREET ADDRESS	Route 2 Box 129-A
2.4 CITY - ST - ZIP	Quincy, Fla.
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	S/C Jones, James M.
4.3 STREET ADDRESS	Rt 2, Box 128
4.4 CITY - ST - ZIP	Quincy, Fla.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S/C Jones, James M.
5.3 STREET ADDRESS	Route 2 Box 128
5.4 CITY - ST - ZIP	Quincy, Fla.
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 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.

SIGNATURE: *Irene J. Shaw* **IRJ** *Irene J. Shaw* 1-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)