

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 RT. 2, BOX 128-BB		Mailing Address RT. 2, BOX 128-BB ATTAPULGUS HIGHWAY QUINCY FL 32351		3. Date Incorporated or Qualified 09/17/1976	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 00-2600030	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAW, IRENE J. ROUTE 2, BOX 128-B QUINCY FL 32351				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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, IRENE J	1.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 128-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENON, MARTHA A.	2.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 129-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMMONS, ODIS	3.2 NAME	
STREET ADDRESS	RT. 5, BOX 238	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	
TITLE	SC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES M	4.2 NAME	<i>J/M GREEN, MARY M.</i>
STREET ADDRESS	RT 2 BOX 128	4.3 STREET ADDRESS	<i>Rt. 2 Box 112 F</i>
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP	<i>Quincy Fla 32351</i>
TITLE	SC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAME M	5.2 NAME	<i>S/T Jones, James M.</i>
STREET ADDRESS	RT 2 BOX 128	5.3 STREET ADDRESS	<i>Rt 2 Box 114 S</i>
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	<i>Quincy Fla</i>
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DONNELL	6.2 NAME	
STREET ADDRESS	RT. 2 BOX 12	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	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.

SIGNATURE: *James M. Jones* **Feb 21 1998 8506273708**

CR2E037 (1097)