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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 736834

1. Corporation Name

THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.

Principal Place of Business

RT. 2, BOX 128-BB
 ATTAPULGUS HIGHWAY
 QUINCY FL 32351

Mailing Address

RT. 2, BOX 128-BB
 ATTAPULGUS HIGHWAY
 QUINCY FL 32351



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/17/1976

22 City & State

27 City & State

4. FEI Number
 00-2600030

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME SHAW, IRENE J
 STREET ADDRESS ROUTE 2 BOX 128-B
 CITY-ST-ZIP QUINCY FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VT DELETE
 NAME KENON, MARTHA A.
 STREET ADDRESS ROUTE 2 BOX 129-A
 CITY-ST-ZIP QUINCY FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME GAMMONS, ODIS
 STREET ADDRESS RT. 5, BOX 238
 CITY-ST-ZIP QUINCY FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE TM DELETE
 NAME GREEN, MARY M.
 STREET ADDRESS RT. 2 BOX 112F
 CITY-ST-ZIP QUINCY FL 32351

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ST DELETE
 NAME JONES, JAMES M.
 STREET ADDRESS RT 2 BOX 114 S
 CITY-ST-ZIP QUINCY FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME WILSON, DONNELL
 STREET ADDRESS RT. 2 BOX 12
 CITY-ST-ZIP QUINCY FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: IRENE SHAW SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 1999 850-627-3708

CR2E037 (1/98)