

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743554 (8)**

1. Corporation Name  
**JESUS IS LORD CATHEDRAL INC.**



Principal Place of Business <b>4514 RATLIFF ROAD CALLAHAN FL 32011 US</b>	Mailing Address <b>6446 IRVIN AVENUE CALLAHAN FL 32011 US</b>
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3. Date Incorporated or Qualified <b>07/12/1978</b>		
4. FEI Number <b>59-1840414</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		

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

9. Name and Address of Current Registered Agent

**BARNEY, KENNETH  
6446 IRVIN AVENUE  
CALLAHAN FL 32011**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLIS, KYLE</b>	1.2 NAME	<b>Turner, Jim</b>
STREET ADDRESS	<b>2522 MARLEE ROAD</b>	1.3 STREET ADDRESS	<b>3179 Dornbush Road</b>
CITY-ST-ZIP	<b>CALLAHAN FL</b>	1.4 CITY-ST-ZIP	<b>Callahan, FL 32011</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, PHYLLIS A</b>	2.2 NAME	
STREET ADDRESS	<b>3352 US HIGHWAY 301</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, WILLIS</b>	3.2 NAME	
STREET ADDRESS	<b>3397 BELLVILLE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YULEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNEY, KENNETH REV</b>	4.2 NAME	
STREET ADDRESS	<b>6446 IRVIN AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARP, RICHARD B</b>	5.2 NAME	
STREET ADDRESS	<b>4222 HILLTOP LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, MICHAEL R</b>	6.2 NAME	
STREET ADDRESS	<b>3352 US HIGHWAY 301</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN, FL 00000</b>	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: Phyllis Adams SECRETARY/TREASURER 1/6/98 (904) 351-1423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000143

CR2E037 (10/97)