

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 744104 (1)**  
 1. Corporation Name  
**JESUS HOUSE OF FAITH, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1520 N.W. 17TH PLACE<br/>POMPANO BEACH FL 33069-1613</b> | Mailing Address<br><b>1520 N.W. 17TH PLACE<br/>POMPANO BEACH FL 33069-1613</b> |
|--|--|

|                                      |                           |   |                                    |
|--------------------------------------|---------------------------|---|------------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 4. FEI Number<br><b>NOT APPLICABLE</b>  | Applied For<br>Not Applicable      |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                    |
| City & State<br>23                   | City & State<br>28        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                            | <b>\$5.00 May Be Added to Fees</b> |
| Zip<br>24                            | Country<br>25             | Zip<br>29   | Country<br>30                      |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/30/1978</b>  | 3a. Date of Last Report<br><b>02/14/1996</b> |
| 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  
**WASHINGTON, BERNICE  
 315 N.W. 9TH AVENUE, #145  
 FT. LAUDERDALE, FL. FL 33311**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | WASHINGTON, BERNICE    |                                 |
| STREET ADDRESS | 315 N.W. 9TH AVE. #145 |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | PRIESTER, ERICA        |                                 |
| STREET ADDRESS | 1850 N.W. 33RD AVENUE  |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          | TD                     | <input type="checkbox"/> DELETE |
| NAME           | WILLIAMS, DESSIE       |                                 |
| STREET ADDRESS | 1296 N.W. 30TH STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

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 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: *Bernice Washington* **1-4-97** **(954)467-1348**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025804

CR2E037 (9/96)