


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90105 001 ****61.25

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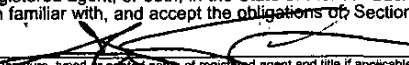
NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 771211 1. Corporation Name LAMP OF JESUS, INC.		
Principal Place of Business % BEN HIGHTOWER RT. 3 BOX 310 STARKE FL 32091	Mailing Address % BEN HIGHTOWER RT. 3 BOX 310 STARKE FL 32091	



21. Principal Place of Business 163 W. JEFFERSON	2a. Mailing Address PO. BOX 1258	3. Date Incorporated or Qualified 11/14/1983
22. Suite, Apt. #, etc. FIRST BAPTIST CHURCH ATT: TRUSTEE COMMITTEE	27. Suite, Apt. #, etc. ATT: TRUSTEE COMMITTEE	4. FEI Number 59-2366433
23. City & State STARKE, FLA.	28. City & State STARKE FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 32091 Country BRADFORD	29. Zip 32091 Country BRADFORD	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILNE, JACK F. 4595 LEXINGTON AVENUE JACKSONVILLE FL 32210		81 Name JOHN S. COOPER	85 Zip Code 32091
		82 Street Address (P.O. Box Number is Not Acceptable) 100 WEST CALL STREET	
		83	
		84 City STARKE FL	

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:  DATE: **4/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHTOWER, BEN IV	1.2 NAME	RUSSELL LARRAMORE
STREET ADDRESS	RT 3 BOX 278	1.3 STREET ADDRESS	163 W. JEFFERSON ST
CITY-ST-ZIP	STARKE FL 32091	1.4 CITY-ST-ZIP	STARKE FL 32091
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, SCOTT	2.2 NAME	ESTHER HARRELL
STREET ADDRESS	4984 ORTEGA FOREST DRIVE	2.3 STREET ADDRESS	163 W. JEFFERSON ST
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	STARKE FL 32091
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHTOWER, BEN	3.2 NAME	IMOGENE LOCKE
STREET ADDRESS	RT 3 BOX 310	3.3 STREET ADDRESS	163 W. JEFFERSON ST
CITY-ST-ZIP	STARKE FL 32091	3.4 CITY-ST-ZIP	STARKE FL 32091
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, BEN P.	4.2 NAME	MARION PAYNE
STREET ADDRESS	336 N WALNUT	4.3 STREET ADDRESS	163 W. JEFFERSON ST
CITY-ST-ZIP	STARKE FL	4.4 CITY-ST-ZIP	STARKE FL 32091
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASTON, WAILON	5.2 NAME	SARAH COOPER
STREET ADDRESS	RT 1 BOX 213	5.3 STREET ADDRESS	163 W. JEFFERSON ST
CITY-ST-ZIP	RAIFORD FL 32083-9017	5.4 CITY-ST-ZIP	STARKE FL 32091
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JOHN S. COOPER
STREET ADDRESS		6.3 STREET ADDRESS	100 WEST CALL STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	STARKE FL 32091

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/14/99** Daytime Phone #: **904-964-4701**

CR2E037 (11/98)